This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

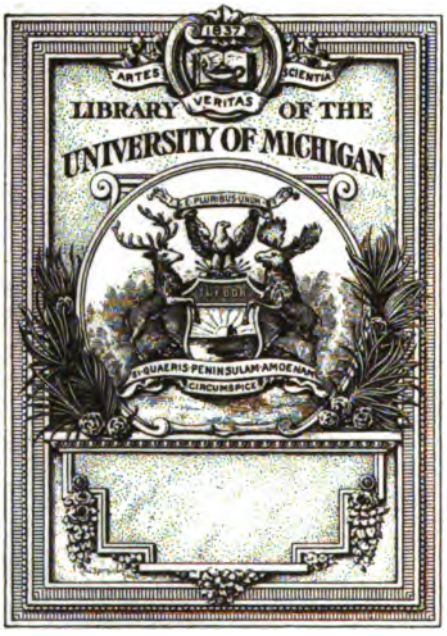
+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

B 3 9015 00236 955 4
University of Michigan – BUHR

COURIER
BOOK BINDERY,
Ann Arbor, Mich.



610.5
G994
542
3

75-64
LIBRARY OF THE UNIVERSITY OF MICHIGAN

THE JOURNAL

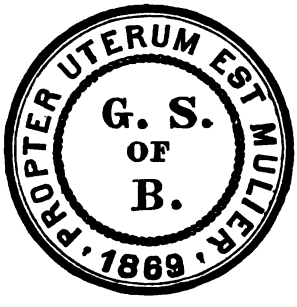
OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON:

A Monthly Journal

DEVOTED TO THE ADVANCEMENT OF THE KNOWLEDGE OF THE DISEASES OF WOMEN.

Edited by
WINSLOW LEWIS, M.D., HORATIO R. STORER, M.D.,
GEORGE H. BIXBY, M.D.



VOL. III.
JULY TO JANUARY.
1870.

BOSTON:
JAMES CAMPBELL, PUBLISHER,
18 TREMONT ST., MUSEUM BUILDING.

Entered according to Act of Congress, in the year 1870, by
HORATIO R. STORER, M. D.,
In the office of the Librarian of Congress, at Washington.

Rockwell & Churchill, Printers.

CONTRIBUTORS TO VOL. III.

H. D. Ballard, M.D., Findlay, Ohio.
H. Beauchamp, M.D., Hamilton, Ohio.
Alexander R. Becker, M.D., Providence, R. I.
J. H. Beech, M.D., Coldwater, Michigan.
George H. Bixby, M.D., Boston.
Carl Both, M.D., Boston.
L. C. Butler, M.D., Essex, Vt.
B. F. Campbell, M.D., East Boston.
B. H. Catlin, M.D., Meriden, Ct.
Wm. H. DeCamp, M.D., Grand Rapids, Michigan.
Henry D. Didama, M.D., Syracuse, N. Y.
Rev. James B. Dunn, Boston.
Tom O. Edwards, M.D., Lancaster, Ohio.
H. M. Field, M.D., Newton, Mass.
A. C. Garratt, M.D., Boston.
H. Gerould, M.D., Massillon, Ohio.
F. W Goodall, M.D., Greensboro, Vt.
Charles T. Jackson, M.D., Boston.
W. M. James, M.D., Whitesboro, N. Y.
G. S. Jones, M.D., Boston.
T. Lazarewitch, M.D., Professor in University of Kharkoff, Russia.
Henry M. Lilly, M.D., Fond Du Lac, Wisconsin.
H. F. Lyster, M.D., Detroit, Michigan.
Henry A. Martin, M.D., Boston Highlands.
H. O. Marcy, M.D., Cambridgeport, Mass.
S. M. Mouser, M.D., San Francisco, Cal.
J. P. Ordway, M.D., Boston.
Joseph G. Pinkham, M.D., Lynn, late Professor in Berkshire Medical College.
F. M. Robertson, M.D., Professor in Medical College, Charleston, S. C.
Sir James Y. Simpson, M.D., Edinburgh.
D. D. Spear, M.D., Kennebunk, Me.
Horatio R. Storer, M.D., Boston, late Professor in Berkshire Medical College.
John L. Sullivan, M.D., Boston.
Joseph W. Thompson, M.D., Paducah, Ky.
J. M. Toner, M.D., Washington, D. C.
Samuel D. Turney, M.D., Circleville, Ohio.
L. Voss, M.D., New York.
Levi F. Warner, M.D., Boston.
James D. Whelpley, M.D., Boston.
R. Willson, M.D., Mantorville, Minnesota.

CONTENTS OF VOL. III.

PROCEEDINGS OF THE SOCIETY: — PAGE

ANNUAL (TWENTY-FIFTH REGULAR) MEETING 1
Ovariotomy, with Modification in applying the External Clamp 2
Officers of the Society 5
TWENTY-SIXTH REGULAR MEETING 5
Improved Intra-uterine Scarificator 6
New Form of Ovarian Clamp 7
Improved Abdominal Supporter 8
Lacing the Breast 9
Urethral Caruncle causing Cystocele 10
Cervical Polypus 11
Twin Eggs peculiarly attached together 11
Fatal Cellulitis from the Careless Use of Sponge Tents 12
Points concerning Ovariotomy 15
Helonias Dioica as an Aphrodisiac 18
Treatment of Fistula in Ano 19
Successful Extirpation of the Kidney 22
Renal Abscess 22
Perinephritic Abscess 25
TWENTY-SEVENTH REGULAR MEETING 65
Uterine Dressing Forceps 66
Dilators for Cervical Canal 67
Committee upon Anæsthesia 69
Digitalis in Uterine Hemorrhage 70
TWENTY-EIGHTH REGULAR MEETING 70
Hypertrophied Placenta 71
Vaginismus 72
Chronic Inversion 75
Metrorrhagia after Abortion 76
Removal of a Horse-shoe Pessary from the Cavity of the Bladder 83
TWENTY-NINTH REGULAR MEETING 145
Fibro-cystic Disease of the Uterus 146
Placental Apoplexy 148
Insanity from Disease of the Pelvic Organs 148
Prolapse of the entire Rectal Canal 152
THIRTIETH REGULAR MEETING 153
New Uterine Dilator 154
Cod-Liver Oil 165

Contents of Vol. III.

PAGE

Causation of Monstrosities by Duplicity 166
Gastrotomy 167
Anal Fistula 168
Fissure of the Anus 171
Mortality of Sulphuric Ether 173
THIRTY-FIRST REGULAR MEETING 209
Employment of Alcoholic Stimulants in the Treatment of Disease 211
Fibrous Abdominal Tumor from a Haddock 213
Feigned Passage of Hair from the Bladder 213
Causation of Double Monstrosity 214
Introduction of Practical Anæsthesia 216
Introduction of Horse-shoe Pessaries into the Bladder 217
Traumatic Atresia Vaginæ 219
Remedial Substitutes for Blood-letting 220
THIRTY-SECOND REGULAR MEETING 224
Operations for Large Vaginal Polypus 225
Aberrations of Gestation 227
Vaginal Anomaly 228
Abdomino-vaginal Impalement 228
Atresia Vaginæ and Absence of the Uterus 230
New Electrodes 231
Membranous Dysmenorrhœa relieved by Acid Nitrate of Mercury 233
Ipecac as an Anti-Nauseant 234
THIRTY-THIRD REGULAR MEETING 273
Cutaneous Eruption at the Menstrual Period 275
Periodical Spontaneous Rupture of an Ovarian Cyst 277
Recurrent Cellular Inflammation 278
Bromide of Potassium as a Remedy for Vomiting attending the Induction of Anæsthesia 280
THIRTY-FOURTH REGULAR MEETING 282
THIRTY-FIFTH REGULAR MEETING 337
New Atomizer 339
Fibrous Tumor Spontaneously Expelled 342
Exploratory Abdominal Section 343
Renal Tumor 347
Local Treatment of Hemorrhage after Abortion 350
Exophthalmic Goitre 351
Reflex Insanity 351
THIRTY-SIXTH REGULAR MEETING 357
Improved Sea-Tangle Tent, for Extreme Flexions 358
Ovarian Dermoid Tumor, containing Wool 360
Fibrous Fallopian Tumor removed by Abdominal Section 361
What should Constitute an Exploratory Section? 363
Tympany as an Obscuring Element in Diagnosis 366
Cervical Rent cured by Stitching during Pregnancy 368
The Repression of Criminal Abortion 369

ORIGINAL CONTRIBUTIONS:—
MARTIN.—Deaths from Sulphuric Ether. Its Relative Mortality probably higher than that from Chloroform 26

Contents of Vol. III.

PAGE

BECKER. — Vaginismus mistaken for Spinal Disease 34
EDWARDS. — Introduction of Horse-shoe Pessary into the Bladder... 36
CATLIN. — Aberrations of Gestation 42
BUTLER. — Gastrotomy for the Sake of the Mother, and not of the Child. 44
LAZAREWITCH. — On a New Clamp and some other Peculiarities in Ovariotomy 85
MAYER. — The Relation of the Female Sexual Organs to Mental Disease, II 93
JAMES. — Abdomino-vaginal Impalement 175
GARRATT. — Absence of the Uterus 181
ROBERTSON. — Local Treatment of Hemorrhage from Abortion by Persulphate of Iron 184
PINKHAM. — The Objects and Methods of Recording Cases in Gynæcological Practice 237
BEECH. — Complete Atresia Vaginæ, etc., with Successful Operation for its Restoration 248
PINKHAM. — The very Frequent and Inexcusable Destruction of Fœtal Life in its Earlier Stages by Medical Men in Honorable Standing.. 374

EDITORIAL NOTES: —

The Truce Ended 47
The Fourth Estate and its Power 47
A Voice from the Grave 49
A Shadow of a Shade 52
The Truth at last Told 55
The Triumph at Washington 58
That at Home 61
Backward, March 63
Another's Loss our Own 64
A Requiem 106
The "Wolf" in "The Organ" 107
Personalities Rebuked 109
A Query 112
Another 113
The Boston Policy as seen from within 114
The Same, as seen from without 116
A Bane and its Antidote 119
Eulogy upon Sir James Y. Simpson, delivered at Request of the Society 120
The Journalistic Master's-Word 189
Its Application 192
Dead or Alive? 195
Designati 208
A Resumé 253
Wherefore? 257
The Profession in Canada 263
Punch and Judy 266
One Blot the Less 268
Needed Relief 270
For Benefits Received 378

Contents of Vol. III.

PAGE
A Right, to be Exerted 381
Caught at Last 384
Editorial Courtesy 389
Pointing a Point 392
A Question, of the Present 397
Another, of the Future 400

INDEX TO VOL. III.

Abdominal section, exploratory, 343.
supporter, improved, 8.
Abdomino-vaginal impalement, 175, 228.
Aberrations of gestation, 42, 227.
Abortion, criminal, 119, 268.
hemorrhage after, 350.
medico-criminal, 374.
repression of criminal, 369.
Abscess, perinephritic, 25.
renal, 22.
Absence of uterus, 181, 230.
Acid nitrate of mercury, use of, 233.
Additions to library, 1, 6, 66, 71, 145, 154, 210, 225, 338, 357.
Amenorrhœa, attended by mental disturbance, 274.
American Medical Association, 55, 58, 267, 315, 327, 382.
statistical history of, 294, 331.
Anæsthesia, discovery of, 83, 216, 235, 281, 354.
vomiting from, 280.
Annual meeting of Society, 1.
Anus, fissure of, 171.
Anomaly, vaginal, 228.
Aphrodisiac properties of helonias dioica, 18.
Association, American Medical, 55, 58, 267, 315, 327, 382.
statistical history of, 294, 331.
of American Medical Editors, 47.
Atomizer, new, 339.
Atresia vaginæ, complicated, 219, 220, 248.

Back-ache, cause of, 72.
Ballard, Dr. H. D., communication from, 277.
Barnes' dilator, history of, 155.
Beauchamp, Dr. H., communication from, 278.
Becker, Dr. A. R., communication and remarks from, 72.
Beech, Dr. J. H., communication from, 219, 248.
Bigelow, Dr. H. J., 55, 316, 321, 392.
Bixby, Dr. George H., communications and remarks from, 8, 66, 70, 147, 148, 274, 343.
Bladder, feigned passage of hair from, 213.
pessaries in, 86, 83, 217.
Blake, Dr. J. G., remarks from, 10, 14, 16, 19, 26, 166, 169, 171, 173, 364, 367, 371.
Blood-letting, remedial substitutes for, 220.
Board of Health, report of, 332.
Boston Medical and Surgical Journal, 107, 384.
Both, Dr. C., communications and remarks from, 19, 21, 22, 68, 170, 173.
Breast, lacing the, 291.
Bromide of potassium in vomiting of anæsthesia, 280.
Brown, Dr. F. H., 107, 384, 389.
Buckingham, Dr. C. E., 112.
Butler, Dr. L. C., communication from, 146.

Campbell, Dr. B. F., communication and remarks from, 225.
Canadian Medical Association, 263.
Careless surgery, results of, 219, 220.
Caruncle, urethral, 10.
Catlin, Dr. B. H., communication from, 42, 227.
Causation of monstrosities by duplicity, 166, 214.
Cellular inflammation, recurrent, 278.
Cellulitis, fatal from sponge tents, 12.
Censors of Suffolk District, 61.
Cervical rent, stitching of, 368,
Chronic inversion, 75.
Clamp, new ovarian, 7, 85.

Index to Vol. III.

Cod-liver oil, 165.
Comparative mortality of ether, 27, 173.
Councillors of Mass. Medical Society, 321, 326, 381, 389, 392, 397.
Cox, Dr. C. C., communication from, 175.
Criminal abortion, 119, 268, 374.
repression of, 369.
Current literature, 64, 334.
Cutaneous eruption at menstrual period, 275.
Cystocele from urethral caruncle, 10.

Deaths from sulphuric ether, 26, 173.
DeCamp, Dr. W. H., communication from, 220.
Dermoid ovarian tumor, 360.
Diagnosis, obscured by tympany, 366.
Didama, Dr. H. D., remarks from, 116, 253.
Digitalis in uterine hemorrhage, 70.
Dilatation of cervix uteri, 155.
os uteri, transverse, 282.
Dilator, history of Barnes', 155.
new uterine, 154.
Dilators, improved metallic, 67.
Disease, stimulants in, 211.
District of Columbia, National Medical Society of, 84.
Douche, intra-abdominal, 288.
Dunn, Rev. J. B., memorial sermon by, 120.
Duplicity, causation of monstrosities by, 166, 214.
Dutton, Dr. S. L., communications and remarks from, 67, 75.
Dysmenorrhœa, membranous, 233.

Earth closets, 270.
Editorial duties and responsibilities, 189, 257.
notes, 47, 106, 189, 253, 314, 378.
Editors, Association of Medical, 47.
Edwards, Dr. Tom O., communications and remarks from, 17, 36, 217.
Eggs, twin conjoined, 11.
Electrodes, new, 231.
Eruption, cutaneous, at menstrual period, 275.
Ether, deaths from, 26, 173.
Exophthalmic goitre, 351.
Exploratory abdominal section, 343.
standard for, 363.
Expulsion, spontaneous, of fibrous tumor, 342.
Extirpation of kidney, 22.

Fallopian fibrous tumor, 961.
Fatal cellulitis from sponge tents, 12.
Feigned passage of hair from bladder, 213.
Fibro-cystic disease of uterus, 146.
Fibrous tumor, Fallopian, 361.
from haddock, 213.
spontaneously expelled, 342.
Field, Dr. H. M., communications and remarks from, 150, 165, 166, 171, 172, 220, 222, 231, 234, 235, 340, 342, 360, 363.
Fisher, Dr. G. J., communication from, 167, 214.
Fissure of the anus, 171.
Fistula in ano, 19, 152, 168.
vesico-vaginal, 281, 284.
Forceps, uterine dressing, 66.
Frame, new operating, 87.
Furnace, new operating, 87.

Gaillard, Dr. E. S., 192.
Garratt, Dr. A. C., communication and remarks from, 181, 228, 230, 231, 235.
Gastrotomy, abdominal, 167.
Gerould, Dr. H., communications from, 11.
Gestation, aberrations of, 42, 227.
Goitre, exophthalmic, 351.
Goodall, Dr. F. W., communication from, 76.
Gynæcological cases, recording, 237.
Society, its work, 47, 236, 330, 353.
Gynæcology, advance of, 253.
importance of, 195, 253.

Haddock, fibrous tumor from, 213.
Hair, feigned passage of, from bladder, 213.
Harvard College, 61, 109, 114, 261, 316, 319, 327, 354, 385.
Health, Board of, report, 332.
Helonias dioica an aphrodisiac, 18.
Hemorrhage after abortion, 76, 184, 350.
Hemorrhoids, treatment of, 152.
History, statistical of Am. Med. Association, 294, 331.
Horse-shoe pessary in bladder, 36, 83, 217.
Hubbard, Dr. S. G., remarks from, 195.
Hypertrophy of placenta, 71.

Impalement, abdomino-vaginal, 175, 228.

Inflammation, recurrent cellular, 278.
Insanity, reflex, 93, 148, 351.
Instruments exhibited, 6, 7, 8, 19, 66, 67, 154, 281, 339, 358.
Intra-abdominal douche, 288.
Intra-uterine scarificator, improved, 6.
Inversion, chronic, 75.
Ipecac as an anti-nauseant, 234.

Jackson, Dr. Charles T., communications and remarks from, 17, 18, 216.
James, Dr. W. M., communications from, 175, 228.
Jones, Dr. G. S., communication and remarks from, 18.
Journal, Boston Medical and Surgical, 107, 387.

Kidney, extirpation of, 22.
Kneeland, Dr. S., communication from, 69.

Lacing the breast, 291.
Latrinæ, public, 270.
Lazarewitch, Dr. T., communication from, 85.
Lewis, Dr. W., remarks from, 171, 221, 222.
Library of Society, additions to, 1, 6, 66, 71, 145, 154, 210, 225, 338, 357.
Lilly, Dr. H. M., communication from, 282.
Literature, current, 64, 334.
Lyster, Dr. H. F., communication from, 281, 284.

Marcy, Dr. H. O., communication from, 18.
Martin, Dr. H. A., communications and remarks from, 26, 80, 234, 235, 366, 368, 370.
Massachusetts Medical Society, 61, 116, 266, 314, 321, 326, 354, 381, 392.
Masturbation, effect of, 93, 149.
new sign of, 150.
Mayer, Dr. L., paper by, 93, 148.
Meeting, Memorial to Simpson, 282.
Meetings of the Society, 1, 5, 65, 70, 145, 153, 209, 224, 273, 282, 337, 357.
Membranous dysmenorrhœa, 233.
Memorial Meeting to Simpson, 282.
sermon upon Simpson, 120.
Mercury, use of acid nitrate, 233.
Metrorrhagia after abortion, 76, 184.
Monstrosities by duplicity, causation of, 166, 214.
Mortality of sulphuric ether, 26, 173.
Morton, Dr. Wm. T. G., 83, 216.
Mouser, Dr. S. M., communication from, 274.

National Medical Society of D. C., 84.
Norris, Dr. A. L., remarks from, 174.

Officers of Society, 5.
Oil, cod-liver, 165.
Operating furnace, new, 87.
Ordway, Dr. J. P., communication and remarks from, 168, 171.
Os uteri, transverse dilatation of, 282.
Ovarian clamp, new, 7, 85.
cyst, periodical rupture of, 277.
dermoid tumor, 360.
Ovariotomy, 2, 85.
causes of death in, 16.
contributions to, 85.

Pacific Indians, parturition in, 274.
Page, Dr. Wm. H., remarks from, 221, 222.
Parks, Dr. L., 52, 106.
Parturition in Pacific Indians, 274.
Pathological specimens, 2, 10, 11, 12, 68, 71, 146, 148, 225. 342, 360, 361.
Pedicle, pocketing the, 17.
Perinephritic abscess, 25.
Periodical rupture of ovarian cyst, 277.
Pessaries, evil results from, 73.
literature of vesical, 36, 217.
Pessary, horse-shoe, in bladder, 36, 83, 217.
Physicians, criminal abortion by, 377.
Pinkham, Dr. J. G., communication from, 237, 374.
Placenta, hypertrophy of, 71.
retention of, 76.
Pocketing the pedicle, 17.
Polypus, cervical, 11.
vaginal, 225.
Proceedings of the Society, 1, 5, 65, 70, 145, 153, 209, 224, 273, 282, 337, 357.
Prolapse of rectum, 153.

Recording gynæcological cases, 237.
Rectum, prolapse of, 153.
Recurrent cellular inflammation, 278.
Reflex insanity, 93, 148, 351.

Remedial substitutes for blood-letting, 220.
Renal abscess, 22.
tumor, 347.
Rent, stitching of cervical, 368.
Report of Board of Health, 332.
Repression of criminal abortion, 369.
Results of careless surgery, 219, 220.
Retention of Placenta, 76.
Robertson, Dr. F. M., communication from, 184.
Rupture, periodical, of ovarian cyst, 277.

Scarificator, improved intra-uterine, 6.
Sea-tangle tent, improved, 358.
Section, exploratory abdominal, 343.
standard for, 363.
Self-abuse, effect of, 93, 149.
new sign of, 150.
Septicæmia, intra-abdominal douche in, 288.
Sermon, memorial, upon Simpson, 120.
Simpson, memorial meeting to, 282.
sermon upon, 120.
Sir James Y., communication from, 50, 273.
Society, Gynæcological, additions to library of, 1, 6, 66, 71, 145, 154, 210, 225, 338, 357.
its work, 47, 353, 383.
officers of, 5.
proceedings of, 1, 5, 65, 70, 145, 153, 209, 224, 273, 282, 337, 357.
Massachusetts Medical, 61, 116, 266, 314, 321, 326, 354, 381, 392.
Spear, Dr. D. D., communication from, 228.
Specimens, pathological, 2, 10, 11, 12, 68, 71, 146, 148, 225.
Sponge tents, fatal cellulitis from, 12.
Spontaneous expulsion of fibrous tumor, 342.
Standard for exploratory section, 363.
Statistical history of American Medical Association, 294, 331.
Stimulants, use of, in disease, 211.
Storer, Dr. H. R., communications and remarks from, 2, 6, 7, 10, 12, 14, 19, 24, 66, 67, 73, 75, 82, 83, 99, 147, 149, 155, 165, 167, 172, 174, 211, 213, 214, 218, 219, 222, 223, 227, 230, 291, 341, 343, 347, 351, 358, 362, 363, 369.
Substitutes, remedial, for blood-letting, 220.
Sullivan, Dr. J. L., communications and remarks from, 70, 80, 81, 166, 169, 214, 233, 234, 341, 350, 361, 363, 364, 366, 373.
Sulphuric ether, deaths from, 26, 173.
Supporter, improved abdominal, 8.
Surgery, results of careless, 219, 220.
Suture, new method of, 87.
Syme, Prof. James, 208.

Tent, improved sea-tangle, 358.
Thanksgiving, 378.
Thompson, Dr. J. W., communication from, 288.
Toner, Dr. J. M., communication from, 294.
Transverse dilatation of os uteri, 282.
Treatment of anal fissure, 171.
chronic inversion, 75.
fistula in ano, 19, 152, 168.
hemorrhoids, 152.
vaginismus, 73.
Tumor, dermoid ovarian, 360.
fibrous, 342.
Fallopian, 361.
from haddock, 213.
renal, 347.
Turney, Dr. S. D., communication from, 280.
Twin eggs conjoined, 11.
Tympany, as obscuring diagnosis, 366.

Urethral caruncle, 10.
Uterine dilator, new, 154.
dressing forceps, 66.
injections, 68.
Uterus, absence of, 181, 230.
fibro-cystic disease of, 146.

Vaginal anomaly, 228.
atresia, 219, 220, 248.
polypus, 225.
Vaginismus, treatment of, 73.
Vesical pessaries, literature of, 36, 217.
Vesico-vaginal fistula, 281, 284.
Vomiting of anæsthesia, 280.
Voss, Prof., communication from, 22.

Warner, Dr. L. F., remarks from, 66, 68, 70, 81, 151, 152, 165, 170, 172, 220, 221, 222, 233, 234, 235, 274, 281, 340, 350, 351, 360, 363, 367, 372.
Warren, Dr. J. H., communications and remarks from, 9, 81, 82, 150, 151, 152, 173.

Wells, Dr. Horace, 55, 281, 354.
Weston, Dr. E. H., remarks from, 70, 71, 80, 148, 151, 166.
Wheeler, Dr. William G., communications and remarks from, 16, 219, 360, 367, 368.
Whelpley, Dr. James D., communications and remarks from, 16, 18.
Whittier, Dr. E. N., remarks from, 370.
Willson, Dr. R., communication from, 275.
Work of the Society, 47, 353, 383.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. III.] JULY, 1870. [No. 1.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

ANNUAL (TWENTY-FIFTH REGULAR) MEETING, JANUARY 4, 1870.

THE annual meeting of the Society, it being the twenty-fifth regular meeting, was held on January 4th, 1870, at 4 P. M., at St. Francis' Hospital, Somerville, by invitation of the Sister Superior; the President in the chair. Present, Drs. Lewis, Warner, Dutton, Bixby, Warren, Perkins, Campbell, and H. R. Storer; and, by invitation, quite a number of medical gentlemen of Boston and vicinity.

The records of the last meeting were read and accepted.

The Secretary read letters, in acknowledgment of their election as Corresponding Members of the Society, from Prof. Scipione Giordano, of Turin, Italy, and Drs. D. G. Brinton and Geo. H. Napheys, of Philadelphia, and T. A. Reamy, of Zanesville, Ohio. He also exhibited the photograph of Prof. Giordano, and announced the donation to the library of the following works by that gentleman, to wit: Monographs upon the Use of Assa-

Entered, according to act of Congress, in the year 1870, by HORATIO R. STORER, in the Clerk's Office of the District Court for the District of Massachusetts.

fœtida in Pregnancy; Pelvic Malformations in their Relations to Obstetrics and Matrimony; Mother or Child? Which to be Sacrificed in Difficult Labor; Puerperal Fever; Eclampsia and Acute Œdema; Vomiting of Pregnancy; Vesico-vaginal Fistula; and Sulphur in Cholera; a Pocket Breviary for Emergencies; and the Announcement of the Obstetric Clinic at Turin.

An ovarian tumor, weighing with its contents twenty-four pounds, was exhibited, removed six days before from a patient in the hospital, by Dr. Storer. The patient herself was subsequently shown to quite a number of the gentlemen present, and the method by which the pedicle had been secured thus demonstrated upon the living subject. The report of the case is as follows: —

OVARIOTOMY, WITH MODIFICATION IN APPLYING EXTERNAL CLAMP.

Miss T., aged thirty-eight, residing in Maine, a tailoress by trade, consulted Dr. H. R. Storer Dec. 24th, 1869, for a large tumor of the abdomen. The patient first menstruated at twelve, and was very regular ever after. She had done the most of her sewing for the past ten years with a machine, which she worked with the left foot. Three years since, she fell very heavily upon the ice, from which she was not able to rise, and was compelled to keep her bed. Some two or three weeks after the occurrence of this accident, she discovered a swelling in the left hypochondrium, the size of a fist, and very tender upon pressure. In July, 1869, she consulted Drs. Hill, of Augusta, and Small, of Gardiner, Me., who pronounced the tumor ovarian.

Dr. Storer, having examined the case, agreed fully with the diagnosis of the above-mentioned gentlemen, and advised an early operation. The patient was accordingly sent to St. Francis' Hospital, at Somerville,

to receive the usual treatment preparatory to the operation.

On Dec. 29th, — there being present Drs. Winslow Lewis, President of the Society; Mack, of St. Catharine's, Ontario; Marsters, of Somerville; Weston, of E. Cambridge; Warner and Bixby,— the operation was performed, chloroform being administered rather than ether. After an exploratory incision had been made, the sound was swept around the tumor within the abdomen, and confirmed the diagnosis, namely, a multilocular cyst of the left ovary, without adhesions. The cyst was now evacuated of some sixteen pounds of dark-colored, ropy serum. The tumor was carefully raised from within the abdomen, and the pedicle, which was short and quite broad, was compressed laterally sufficiently to be received within the grasp of the clamp-shield, and the tumor cut off. A somewhat peculiar external clamp was adjusted above the other, and the first slackened up and removed. The wound was now brought together by thirteen deep sutures, which included the peritoneum, confining the pedicle to the inferior corner of the wound. By the advice of Dr. Mack, a series of broad adhesive straps, after the plan of Prof. White, of Buffalo, were passed entirely around the abdomen, meeting and overlapping in front. These extended from the diaphragm to the pubes, sealing completely the surface of the abdomen. The patient very soon rallied from the anæsthesia, and complained somewhat of pain in the left side, with some disposition to vomit. She spoke incessantly of a heavy load at the pit of the stomach, which was temporarily relieved by vomiting. An hour subsequent to the operation brandy and water was administered, but was not retained, and later ice pills were ordered, with mustard to the epigastrium. She still complained, however, and vomited at intervals. Upon due consideration it was deemed ad-

visable to give nourishment entirely by the rectum, and absolutely nothing by the mouth. The injections consisted of beef extract ʒ ii every hour. Two doses of the oxalate of cerium, one grain each, were given during the second night, a small plaster of the extract of belladonna was applied to the epigastrium, and on account of a peculiarly nervous condition of the patient ʒ ss of extract of valerian was added to four of the injections. Later, the Sister Superior of the hospital, who was sitting up with the patient, applied to the epigastrium a large poultice of linseed meal. The next morning the nausea had entirely ceased, and the patient was able to take and retain milk porridge and cold water. The most benefit, apparently, was owing to the poultice, and the entire abstinence from all ingestion by the stomach. The valerian, as Dr. Mack remarked, "did no harm."

Up to this time the urine had been high-colored and scanty, say two ounces once in four hours. The patient stated that she voided habitually but little water. From this moment the dreaded symptom of nausea having ceased, everything went on most satisfactorily, the patient's appetite remaining good, and her sleep quiet and refreshing. (Upon the sixth day the clamp fell off while the attendant was washing the parts, leaving behind a deep, suppurating cavity the size of a twenty-five-cent piece. Upon the twelfth day the patient was ordered a dose of castor-oil, which acted without the least inconvenience. On the tenth day the patient had been removed from the "Crosby bed" and placed upon an ordinary one. She was from this time allowed to void her urine herself. The stitches were removed on this same day, with the exception of some of the lower ones nearest the pedicle.

Jan. 14th.—The patient is now progressing without

a single bad symptom, and will soon be able to return to her home.)

The Annual Address was then delivered by the retiring President, Dr. Winslow Lewis. It was devoted to a consideration of the claims of the diseases of women upon every thoughtful physician, and elicited many expressions of applause from those present.

[Dr. Lewis' address was published in the Journal of the Society for February, 1870.]

A ballot was then taken for the officers of the ensuing year, and resulted in the election of the old Board, with the exception that Dr. J. H. Warren was chosen to the Committee upon Membership in place of Dr. William G. Wheeler, removed to Albany, N. Y.

The officers of the year 1870–71 are therefore as follows: —

President, — Dr. Winslow Lewis.

Secretary, — Dr. Horatio R. Storer.

Treasurer, — Dr. George H. Bixby.

Committee upon Membership, — Drs. Levi F. Warner, Samuel L. Dutton, and Joseph H. Warren.

There being no other business before the meeting, the gentlemen present were invited by the Sister Superior to inspect the wards of the hospital, and expressed themselves much pleased with the neatness, order, and comfort everywhere to be seen.

Adjourned.

TWENTY-SIXTH REGULAR MEETING, JAN. 18, 1870.

The twenty-sixth regular meeting of the Society was held on the evening of Jan. 18th, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Bixby, Field, Warren, Blake, and H. R. Storer, Dr.

Wm. G. Wheeler, of Albany, N. Y., Honorary Member, and, by invitation, Drs. C. T. Jackson, G. S. Jones, J. D. Whelpley, and Carl Both, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters in acceptance of Corresponding Membership from Drs. C. D. Palmer, of Cincinnati, Ohio, and G. Moehring, of Philadelphia.

A large engraving of the late Dr. J. W. Francis, of New York, added to the Society's collection, was exhibited, and the following accessions to the library announced: Dr. Isaac E. Taylor's monograph upon Procidentia Uteri, from its author, and copies of the "Detroit Review of Medicine and Pharmacy," and of the "Leavenworth Medical Herald," for December, 1869, from Drs. E. W. Jenks, of Detroit, Michigan, and Tom O. Edwards, of Lancaster, Ohio, severally containing descriptions of operations for ovariotomy by these gentlemen, in which Dr. Storer's method of "pocketing the pedicle" was resorted to with success.

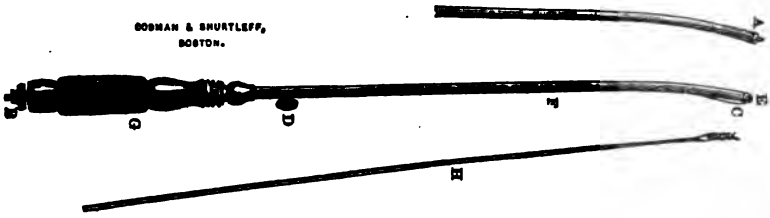
Dr. Storer exhibited, in behalf of Messrs. Codman & Shurtleff, their

IMPROVED INTRA-UTERINE SCARIFICATOR,

and pointed out its distinctive characteristics. They are as follows: —

An extra tip, A, having at its end a slot, through which the end of the blade can be projected, thus making a spear-pointed scarificator; the milled button, B, at the end of the handle, graduating both the length of the spear-point and the depth of the cut, when used on the cutting edge, C. The removal of the milled button, B, the thumb-screw, D, and the tip, E, enables the blade and staff to be drawn out of the canula from the *blade*

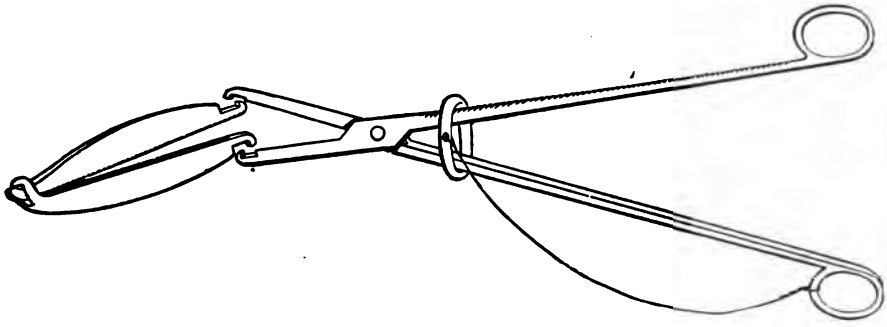
end, when it is necessary to clean the instrument. The handle, G, can also be unscrewed, leaving the canula entirely free for the passage through of the wire, H, with screw end, upon which can be fastened a wad of lint or cotton, to be used as a swab.



Dr. Storer also called attention to the

NEW FORM OF OVARIAN CLAMP,

of his own device, which he had successfully employed in the case of ovariotomy reported at the last meeting. The patient had convalesced without a single bad



symptom. It would be perceived that by the compressing forceps the clamp was at once brought to its bearing and fastened in place by a loop of wire, after

which the forceps could be readily disjointed and withdrawn.*

Dr. Bixby exhibited an

IMPROVED ABDOMINAL SUPPORTER,

or belly-band, which was free from the usual objectionable features. He would suggest that, instead of the perineal strap ordinarily employed, it would be well to attach the band by tapes to the garters, or, still better, perhaps, to the tops of the stockings, so that these might be kept up, while the supporter was kept down, in the proper place.

Dr. Blake thought this a most excellent suggestion. The evils of a tight garter, in impeding the return of venous blood from the extremities and predisposing to varix, were well known. Great good would be accomplished if they could be thus avoided.

Dr. Bixby called attention, as he had done at a previous meeting, to the following passages in Velpeau's "Clinical Lectures,"† showing how completely that great surgeon had appreciated the theory upon which all attempts at furnishing artificial support for the abdomen should be based: —

"Hence all our females have been treated only with emollients, sometimes astringents, and, above all, by the use of hypogastric belts. The latter have gained much by the different discussions to which I have referred. Vaunted by me since 1829, they have become popular little by little, and are firmly established in practice. Nevertheless, these belts do not act in the manner that many among you think, and even many practitioners have no exact idea of their mode of action.

* A description of Dr. Storer's compressing forceps was published in this Journal for October, 1869, p. 213.

† Surgical Clinic of La Charité. Translated by W. C. B. Fifield. Boston: James Campbell, 1866.

"This is in what it consists. Imagine a skeleton standing erect, and you will see that the plane of the superior strait of the pelvis is strongly inclined forwards, so that the centre of gravity of the body is at the pubis. Fill up in your imagination this osseous box with the abdominal viscera, and you will see that all their weight falls in part upon the womb. The belt has for its object exactly this effort, — if not to annihilate, at least to moderate, this weight. It acts like the hands of an individual who, having a wound in the lower part of the belly, seeks to hold up the intestines which would escape from it."

Dr. Storer referred to the very interesting paper by Dr. Protheroe Smith, of London, upon the "Pelvic Band as an Aid to Parturition and the Treatment of Uterine Displacements," communicated to the Society at its meeting of Sept. 7th, 1869,* and to the discussion ensuing thereon with regard to the indications, benefits, and disadvantages of abdominal supporters. He also exhibited to the Society the beautifully executed and instructive outline of the female skeleton, as clothed upon by nature, given by Prof. Schultze, of Jena, in his work on Obstetrics, and demonstrated the relations of the abdominal to the pelvic viscera, as affected by the angle of the vertebral and pelvic planes.

Dr. Warren exhibited a breast affected by malignant disease, which he had removed by Dr. Storer's operation of "lacing," described at a late meeting of the Society (the twenty-first).† He had secured an effect which it might have been impossible for him to have attained by any other method, namely, a narrow linear cicatrix. It would be recollected that Dr. Storer was inclined to lay

* The paper above referred to was published in the Journal of the Society for November, 1869.

† This Journal for May, 1870, p. 266.

stress upon this result, as rendering the patient less liable to a return of the disease, which he thought invited by the old method of procedure where a much larger proportion of cicatricial and devitalized tissue was almost inevitable.

Dr. Blake said that the operation referred to was new to him. It certainly had not been performed at the City Hospital, to which he was attached as one of the physicians. As he had become a member of the Society since it was communicated by Dr. Storer, he would ask for a brief re-description.

The salient features of the operation, the deep, quilled sutures through the pectoralis, and the lacing process by which the interrupted, closely set, superficial wire sutures were made to close even almost the widest mammary gap, were demonstrated upon the blackboard by Dr. Storer, and the explanation given to Dr. Blake's question why the sutures did not cut out.

Dr. Storer exhibited a large

URETHRAL CARUNCLE CAUSING CYSTOCELE,

which he had removed since the last meeting, and reported the case.

Mrs. ——, of Somerville, past middle age, had been treated for several years by more than one physician for polypus uteri, and had had what had been termed an urethral polypus removed. Upon consulting Dr. Storer, he had found the uterus almost perfectly in its place, but the bladder displaced downwards to such an extent as to cause the anterior vaginal wall to pouch from the vulva. Projecting from the meatus was a very vascular outgrowth, the size of a small cherry, the irritation of which, continued for a long period, had tended to excite spasmodic expulsive efforts of the bladder,

while the pain at micturition caused this to take place too seldom, and therefore the vesico-vaginal wall was weakened by over-distention. Together, these causes were sufficient to produce the cystocele.

With the assistance of Dr. Warner, the caruncle was excised, its base touched with strong nitric acid, and the bleeding checked by the dry persulphate of iron. The case had progressed favorably.

It was useless, Dr. Storer remarked, to attempt the cure of this affection, as so many still did, by the nitrate of silver, simple excision, or the two combined. The disease was almost certain to return under these circumstances. He was consulted by Dr. Gifford, of Stoughton, within a very few weeks, concerning a case where another physician had operated some twenty times or more in this manner, with a constant return of the disease. It was his own custom to follow excision by the actual cautery, although he sometimes, as in the case now reported, had recourse to the strong nitric acid.

Dr. Storer exhibited a cervical polypus, removed within a day or two from a lady at Dorchester, remarkable for the very unusual length of the pedicle.

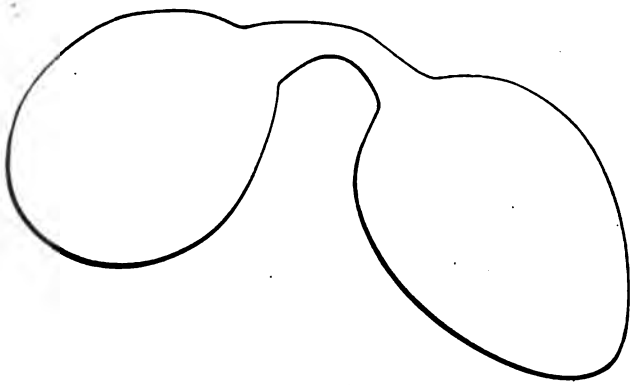
The patient, unmarried, and of middle age, had for several years been subject to an almost constant metrorrhagia, from which her general health had become much enfeebled. She had been treated by a physician for so-called ulceration. A digital examination, however, revealed a polypus hanging in the vagina from within the cervix, but attached very high up. It was removed, with the pedicle, by torsion.

Dr. Storer presented, in behalf of Dr. Gerould, of Massillon, Ohio, a drawing of

TWIN EGGS VERY PECULIARLY ATTACHED TOGETHER.

There were two membranes, without shells, the one

containing albumen, the other the yolk complete. They were connected by a pseudo-umbilical cord of uniform



size, in color the same as the membrane enclosing the albumen. The latter one was spherical; that containing the yolk was pear-shaped. In size they corresponded very exactly with that of the wood cut.

Dr. Storer also exhibited an unusually interesting and instructive specimen, namely, the uterus and appendages from a case of

FATAL CELLULITIS FROM THE CARELESS USE OF SPONGE TENTS.

The patient, unmarried, and some twenty-eight years of age, had consulted Dr. S. for metrorrhagia. He diagnosticated intra-uterine polypus, the os uteri being closed, and directed the physician who had her in charge to open the uterus by sponge tents. Dr. Storer did not see the patient again till after her death. He then learned that a portion of the first tent had been broken off during its extraction, and that fruitless attempts were made for its removal for nearly five days, during which time a succession of other tents were employed to facili-

tate it. Subsequently the patient had suffered somewhat for nearly a fortnight, towards the close of which there were occasional rigors, when, upon going from the bed to the water-closet, there suddenly occurred pelvic pains, with symptoms of shock, followed by death within twenty-four hours. The physician in charge considered the case one of peritonitis. Doubting the diagnosis, the symptoms having been detailed to him, Dr. Storer had called for an autopsy, which was made by Dr. Bixby.

Upon laying open the abdominal parietes, the cavity was found filled with pus, there being little trace of peritoneal inflammation. To the right of the uterus, in the iliac fossa and outside the peritoneum, connected however with its cavity by an obvious rent, there was a large sac, also filled with pus. This was distinctly perceptible, with fluctuation, by the vaginal touch. The uterus, which was enlarged and sharply anteflexed, was removed with its appendages, and laid open from behind. It presented, as had been diagnosticated and was now demonstrated to the Society, a small pediculated polypus attached to the fundus uteri, with another tumor, the size of a large bean, projecting from the anterior wall at about an inch below the first. There remained no fragment of sponge within the uterus, but the disorganized condition of a portion of its canal showed but too plainly the source whence the fatal inflammation and suppuration had proceeded.

There were one or two points in the history of the case, continued Dr. Storer, that were sadly instructive. The attendant, though a gentleman of much experience, had erred in permitting the fragment of sponge to remain for four or five days within the uterine cavity. When he found that he could not remove it himself, he should have sought assistance. He should, by a vaginal exami-

nation, have detected the fluctuation and evacuated the pus by an operation; the occurrence of rigors should have led him to suspect it, just as the accident itself should have caused him to expect it, and when the fatal rupture of the sac and discharge of its contents into the abdominal cavity took place, the true character of the case should have been made out, and the last chance for recovery have been afforded.

Dr. Blake had been much interested in the case reported, the more so as he was able to offset it by another of similar character, but attended with a very different result, the patient having been operated upon at his request by Dr. Storer, with recovery.

[Dr. Blake's case was published in full in this Journal for March, 1870.]

Dr. Blake having referred to the fact that his patient had been previously attended by several gentlemen of standing for many months, without the true character of the disease having been appreciated, Dr. Both called for their names. He thought that it was high time that such ignorance should be exposed.

Dr. Storer, on the other hand, trusted that the request would not be acceded to. He had himself suffered as much as Dr. Both had done, for many years, from the arrogance of ignorant men in high professional positions, and Dr. B. could now well afford to see in silence these persons gradually but surely finding their true level in the estimation of the public. It was impossible for the community much longer to tolerate such gross instances of malpractice from ignorance or wilful neglect.

Dr. Storer called to the remembrance of the Society a case of pelvic abscess that he had attended a year or two since in consultation with Dr. Marcy, of Cambridge-

port, and reported by that gentleman.* The patient, living at Brighton, had presented a large, somewhat elastic, non-movable tumor in the left iliac region, the nature of which was not evident. Very obscure fluctuation was found in Douglas' fossa, high behind the uterus. The exploring trocar was pushed up cautiously in this direction for nearly its full length before pus was reached. A sound was then found to pass behind the uterus, upward and to the left, until it entered the doubtful tumor at the side of the abdomen. This also was discharged through the same opening, and washed out with warm soap-water by the double catheter. Under a continuance of such cleansings the whole extent of the hour-glass shaped cavity was finally closed, with perfect recovery of the patient.

Dr. Storer reported that the patient exhibited to the Society at the annual meeting, after ovariotomy at St. Francis' Hospital, was now convalescent. It would be recollected that one of his own forms of external clamp had been here employed, and that the patient had been swathed with broad strips of adhesive plaster, after the plan of Prof. White, of Buffalo, at the suggestion of Dr. Mack, of St. Catharine's, who was present at the operation, and Dr. S. considered it a most excellent addition to the usual after-treatment.

Dr. Storer referred to the proposal lately made by Prof. Miner, of Buffalo, to remove ovarian cysts by a so-called process of enucleation, or tearing the cyst from its attachment to the ovary and connecting ligaments, and stated that he had attempted to perform the operation by this method in two instances, but had not succeeded, perhaps because he had not dared to use sufficient force. He read a letter from Prof. Miner, dated Jan. 15th, detailing three cases in addition to the one

* Boston Medical and Surgical Journal, July, 1868, p. 391.

published in a late number of the "Buffalo Medical and Surgical Journal." In that one, though the operation had been successful, the patient had died. In these, on the contrary, recovery had taken place. Two of the operations had been performed by Prof. Miner, and the third by Prof. White, of Buffalo.

Dr. Blake expressed much astonishment that so large vessels as are often present could be controlled and dropped back into the abdomen without the use of ligatures, and questioned the safety of the procedure.

Dr. Wheeler did not believe the cyst could be thus detached from its attachments in the majority of cases. In some it might be possible, but not in all.

The Secretary read a letter from Dr. J. D. Whelpley, of Boston, of much interest to ovariotomists, with reference alike to prophylaxis and treatment.

Dr. W. suggests that the cause of death in certain of the cases of so-called exhaustion, or shock, may be owing to an attempt at a general metastasis, or transference of the tendency towards morbid deposit, existing previous to the removal of the ovary, and argues that, if this be true, success is most to be expected in those cases where the tumor has been of slow growth and the secernents are therefore in least activity.

He also lays stress upon the advantage of stimulating the excretory system for some weeks previous to the operation, as well as during the after-treatment.

In these respects, Dr. Storer considered Dr. Whelpley's views very similar to those advanced by Dr. Both, in the paper upon blood-poisoning presented by that gentleman to the Society,* and in accordance with the theory upon which many ovariotomists exhibited muriate of iron as a renal depurant for many days or weeks previous to an operation, as well as subsequent to it.

* This Journal, December, 1869, p. 356.

Dr. Charles T. Jackson remarked that before relinquishing the practice of medicine, he had largely experimented upon various cases, with a view to obtain absorption of the contents of the cysts, but without success.

Dr. Storer read extracts from a letter from Dr. Tom O. Edwards, of Lancaster, Ohio, with reference to the question of priority as to the method of disposing of the ovarian pedicle, known as "pocketing." After carefully reading the evidence on both sides, without having passed a word with Dr. Storer, he writes as follows: —

"I was Chairman of the Committee of the Thirtieth Congress relative to the Ether Controversy, and had all the facts before me for thirty-five days, and was one of the majority who decided in favor of Morton. I disclaim all 'dreams,' 'imaginings,' or 'conceptions' of a discovery. Who demonstrated it is my only question. That you operated, demonstrated, and fixed professional opinion, while Dr. Kimball was 'fondly dreaming' of some such result, is conclusively true."

He further writes: "Moreover I might claim a new mode of 'pocketing the pedicle' while I was ignorantly trying to follow your plan, only known to me five minutes since. I brought the raw surface exterior to the incision, in trying to avoid what Prof. Blackman properly, but too emphatically, called 'the d—d bleeding, rotten, dangerous, and death-producing raw surface of the excised pedicle.' I thought I was following you when I brought the said raw surface exterior to the incision, fastening it there, and seeing day by day, after the ligature escaped, its fading out."

Dr. Edwards' method, it would be seen, closely resembled that mentioned by Dr. Emmet, at the special meeting of the New York Academy of Medicine, held in accordance with an invitation extended to Dr. Storer

to bring his new method of operating before the Academy, in 1867.*

Dr. S. also read from a letter from Dr. Marcy, of Cambridgeport, dated at Berlin, Dec. 28th, 1869, with reference to gynæcological matters in that city. Prof. Martin had just performed ovariotomy successfully, and thereby overcome many of the prejudices previously existing in that neighborhood relative to the operation.

Dr. Jackson called the attention of the Society to the remarkable

APHRODISIAC PROPERTIES OF THE HELONIAS DIOICA,

or unicorn root. This characteristic of the plant was first brought to his notice by Dr. Braman, of Brighton. He had employed it in the dose of a drachm of the powdered root three times daily. Dr. Jackson had also found that the use of this remedy had the effect of entirely removing oxalate of lime from the urine in cases of that diathesis. The portion employed was the dried root, which was poisonous when green. The extract was worthless, but the saturated tincture was good, the active principle appearing to be volatile. He had persuaded Mr. Thomas Hollis, of Union Street, a very reliable druggist, to keep it for sale.

Dr. Whelpley, referring to the fact mentioned by Dr. Jackson that under the use of Helonias greater contractility was given to the cremaster muscle, and to the suggestion made by Dr. Blake that it would therefore be probably useful in varicocele, remarked that it would be equally indicated, and for the same reason, in cases of excessive relaxation of the vaginal walls.

Dr. G. S. Jones made some remarks relative to the

* New York Medical Record, Jan. 15, 1868, p. 519.

TREATMENT OF FISTULA IN ANO.

Previous to 1855 he had operated in one hundred and fifty-eight cases; since then he had ceased to keep the account. It was formerly his opinion that every case could be cured by the knife. Of late, however, he has modified this opinion, although he has seldom had to repeat the operation, and but once has had serious hemorrhage. This was last summer. He is now inclined to think that the processes of nature are better, after all, and nature never resorts to the knife. Where the tissues are very much indurated, and an operation by incision is performed, the process of healing is slow or imperfect, simply because nature does not know what to do under these circumstances. He now uses the seton, and was led to its employment from successful cases that had come to his knowledge at the hands of irregular practitioners, who took advantage of the popular dread of the knife.

Dr. Jones illustrated his remarks by the report of several pertinent cases.

Dr. Storer referred to the method employed by Dr. J. P. Ordway, of this city, who smears his threads with irritants where the condition is indolent and requires stimulation, avoiding, however, as much as possible, the use of mineral caustics, and employs continuous ligation rather than the seton.

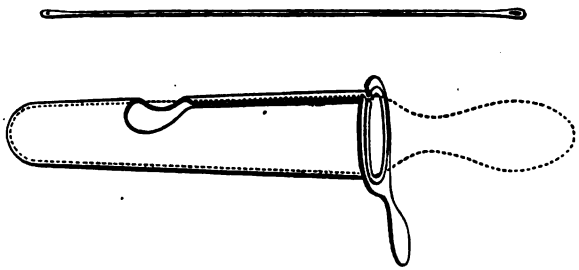
Dr. Blake remarked that the end in view, by whatever method attained, was to destroy the pyogenic membrane, cause granulation, and thus produce obliteration of the fistula.

Dr. Both alluded to the general subject of treating fistulous canals in other parts of the body by setons in preference to the knife, and gave details of cases in

point, as from palmar paronychia, femoral abscesses, and the like, and stated a still different method of applying the ligature to anal fistulæ, by which he had been able to employ solutions of chloride of zinc and corrosive sublimate with success.

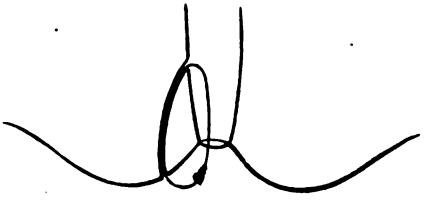
It is as follows: —

"The following speculum and needle-probe I had made to order for a case of fistula in ano in one of my tuberculous patients, which had proved of considerable

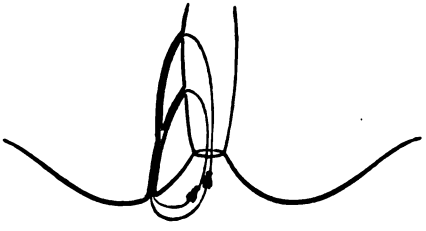


annoyance to him. Not willing to be subjected to an operation, which would confine him to his bed, I concluded to heal the fistula by the introduction of a thread. The method employed is very simple. Having probed the fistula, a thin silk thread is put through the needle-probe and introduced from the external opening of the fistula into the rectum. By means of an ordinary speculum one part of the thread is secured by forceps and the needle removed when the thread is through. Then, by fastening a thicker string to the thread, we may introduce any size that we may wish. The speculum with the linear fenestra serves afterwards for bringing the rectal opening of the fistula in sight without tightening the string, and we can thus introduce ointment, caustics, or anything else into or through the fistula, per rectum

without injuring this, or without tearing the opening of the fistula. I succeeded by this means in destroying the



whole of the so-called false membrane of the fistula. After this, by gradually introducing smaller threads, the fistula will heal without any difficulty. In complicated fistulæ, the introduction of the string through the second fistula may cause difficulty, but it can be overcome by introducing a thick probe from within the rectum up to the opening of the fistula and into it, and by a little manipulation the thin and very flexible needle-probe will thus slip into the second fistula, which is



connected with the lower one. The two strings thus introduced are afterwards manipulated the same as is the single one for a single fistula."

Dr. Blake mentioned the experience of his colleagues at the City Hospital with setons.

Dr. Both read an extract from a letter from Prof. Voss, of New York, Surgeon to St. Vincent's Hospital, now absent in Europe, describing a late very remarkable operation by Prof. Simon, of Heidelberg, it being a

SUCCESSFUL EXTIRPATION OF THE KIDNEY.

"Let me tell you," says Dr. Voss, writing on Dec. 27, 1869, "as a *novitas chirurgica*, that Simon, of Heidelberg, has extirpated the left kidney from a woman, in whom, by the attempt of making ovariotomy, the uterus, except the cervix, was removed, during which operation the left ureter became injured. The consequence was a fistula with two openings, one per vaginam, and the other through the abdominal wound. After all attempts at a cure had proved fruitless, the removal of the left kidney was effected, with the most complete success."

Dr. Both related, as of interest in this connection, the following case of

RENAL ABSCESS.

"As to the possibility of living with one kidney, the following case may contribute an example: On the 16th of July, 1868, I was requested to examine a young lady in Portsmouth, N. H., in regard to the possibility of her recovery. The history of the case was that she had been taken with difficulty in urinating about two or three years previously. She had been under the treatment of several physicians without any success, and finally had been under the care of Dr. Cabot, at the Massachusetts General Hospital, for six months, without benefit. Dr. Cabot had diagnosed inflammation of the bladder, for which he had used injections through a double catheter, which procedure was always accompanied by a great deal of pain. She had then given up all medical treatment, and resided on a farm near Portsmouth. Through chest symptoms, which were taken for tuberculosis, I was sent for, and found her up, very pale, with a pulse of one hundred and twenty, weak.

Her lungs exhibited several small cavities, partial lobular pneumonia, with the usual symptoms thereof. Appetite varying, digestion poor, bowels regular, urine very dark, and thick; but I could not from sight tell whether the hue was from blood pigment or from bilious coloring matter. I suspected Bright's disease, but was informed that Dr. Cabot had said that he did not. I had some urine boiled, which coagulated, and I told the friends that I thought the patient probably had Bright's disease, and that she was incurable if such was the case.

"I did not see her again until November, 1868, when she came into my office very much improved in appearance. She informed me that she had been at the White Mountains, and felt very well, all things considered, and wished me to see if I could not completely restore her to health. I examined the bladder without being able to detect any pathological change. The examination proved painless, although the patient expected 'it would kill her,' to use her own expression, from her former experience. The urine I found to contain mucus and pus, but no albumen. The abdomen was tender in the region of the liver, but not very much so. Not being thus able to make any diagnosis, I put her on a special diet. The pulse fell to eighty; her appetite was fair; her urine became clear, and was passed and retained without difficulty. Still she was continually failing in strength. She had occasional pain in the right side of the abdomen, — sometimes with nausea. All means against these symptoms proved unsuccessful. I then suspected an abscess, without being able, however, to locate it. With the view of its emptying itself into the intestines, I had not given up all hope yet. Without any further symptoms of consequence, she was failing steadily, but without much suffering.

"At the end of January, 1869, her pulse began to rise again. Her urine remained clear; the greatest distress was nausea, and a pain directly under the short ribs of the right side. On the last day of January she began to sink rapidly, exhibiting unconsciousness, with spasms, which were relieved by chloroform until death ensued.

"Post-mortem examination forty-eight hours after death. This was obtained with great difficulty. I had invited all the physicians attending her previously to be present; none, however, came. My assistant was Mr. Holzmeister, a medical student from Vienna, a patient of mine at the time.

"Upon opening the abdomen, a general slight inflammation of the intestines was observed; the lower margin of the liver appearing black, — probably from post-mortem change. Nothing abnormal could be observed otherwise. I took out the intestines; spleen normal. Left kidney double its natural size, and healthy, showing only on one part a tendency to fatty degeneration. The right kidney offered a very thick capsule, tightly adherent to the lumbar region, and to some extent to the ascending colon. The capsule was of the thickness of three-quarters of an inch. Within there was nothing but pus, — not a particle of the kidney remaining. The ureter was obstructed by adhesions. Bladder thickened, showing symptoms of former inflammation, but normal at the time. Uterus normal. The chest was not opened, on account of time and circumstances, nor the cranium. The time that the patient lived without the use of the kidney must have been no less than three years."

Dr. Storer remarked that the diagnosis was not always easy between actual disease of the kidney and

PERINEPHRITIC ABSCESS.

He had attended, with Drs. Bowditch and Warner, the past season, a most interesting case in point. Mrs. N., of Nashua Street, had passed for some time large quantities of pus in her urine. There was no evidence of cystitis, nor could any trace of cellulitis be found in the pelvis. There was a large space of induration under the short ribs on the right side, commencing against the vertebral column, and running around nearly to the epigastrium. This induration did not lap down lower than a level with the umbilicus. Diagnosticating perinephritic abscess, although there was no evident fluctuation, Dr. Bowditch had ineffectually tried to persuade one of the surgeons at the Massachusetts General Hospital to operate, and had then placed the case in Dr. Storer's hands. Passing an exploring trocar from behind forwards, about half way between the crest of the ilium and the lower rib, Dr. S. inserted it nearly its whole length before reaching a point of no resistance; to such an extent, indeed, that the peritoneal membrane would probably have been reached, had it not been pressed forwards by the purulent collection. Upon withdrawing the trocar, no pus escaped through the canula. Exhaustion was effected by a syringe, but without result. Dr. S. then applied his mouth, for a moment or two ineffectually, until there came a sudden gush of fetid pus with such violence as to forcibly strike his pharynx. The trocar was then introduced, pressed outwards against and through the abdominal wall, and a seton inserted. The patient has steadily convalesced, and, from being a wretched invalid, with little or no prospect of recovery, she has so far regained her health as to be able to attend to her household duties, while

the amount of pus in her urine has very sensibly diminished. There was here undoubtedly an opening from the sac of the abscess into the ureter of the affected side.

Dr. Blake referred to a series of cases of the same affection that had been studied by Dr. Bowditch, at the City Hospital, in addition to those already published by that gentleman.

The Secretary presented a copy of the New York "Independent," of Dec. 23d, 1869, containing an attack by Mr. Wm. Lloyd Garrison upon the Society and its action with regard to an absurd argument adduced by Mrs. Dall in behalf of women physicians, and an answer that he had prepared, to be forwarded to the editor of the paper referred to.*

Nominations of Corresponding Members were referred to the Committee on Membership.

Adjourned.

DEATHS FROM SULPHURIC ETHER. — ITS ACTUAL RELATIVE MORTALITY PROBABLY HIGHER THAN THAT FROM CHLOROFORM.

By Henry Austin Martin, Boston Highlands.

[*Communicated to the Society, and read March* 15, 1870.]

In answer to your note † I would repeat the statement, made at a late meeting of the Gynæcological Society, that the only death which ever occurred from anæsthesia in my own practice was one in which sulphuric ether, and that alone, was the agent employed.

* The article referred to above was published in this Journal for February, 1870, p. 95.

† The above communication, it will be perceived, was written in answer to a request by Dr. Storer. In view of the very great importance of the subject, and the intrinsic interest of the letter, the editors present it in its entirety.

I cannot, at this moment, lay hands on my notes of the case, but give, from memory, the "brief outline" you request.

John W——, aged about forty-nine, a German mechanic, in attempting to reach the front platform of a street car, which was in rapid motion, slipped beneath a forward wheel, which passed diagonally across one of his legs, injuring it very severely. He was taken to one of the hospitals; a surgeon saw him there, stated the necessity of amputation, and repeatedly and strongly urged its immediate performance. This was in the latter part of the afternoon. The patient, however, insisted on removal to his home, where I saw him about ten P. M. On examination I stated to him the necessity for amputation, and the propriety of its being done without delay. He expressed perfect willingness to have the limb removed at once. At this time his pulse was seventy-eight, full, regular, and normal in every respect; there was no indication of shock; if there had been any, the reaction had been perfect; there had been very little hemorrhage at the time of the accident, or from that till he reached the hospital; after that none whatever. The character and number of the pulse sufficiently proved that he had not lost blood to any serious degree. He sat up in bed while I examined his leg, and it was partly from his own observation that he concluded that amputation was inevitable. Without further detail, I would say that, in a considerable experience of twenty-five years in civil surgery, and a really vast experience during two years' military service, I never saw a patient of the same time of life whose whole aspect augured better for the result of an operation.

After an hour I returned with instruments, etc., and two assistants, both gentlemen of sense and long professional experience, who had frequently before aided

me in similar cases. Both agreed with me as to the propriety of immediate amputation. One attended to the administration of the ether, the other controlled the artery; for what other aid I required I depended on two or three intelligent German friends of the patient. Sulphuric ether was the anæsthetic employed. It was of Dr. Squibbs' manufacture, and that without doubt, as it was contained in one of his hermetically sealed tin canisters, prepared for army use, and which had never been opened. It was used without mixture with any other anæsthetic. I selected ether in this instance, not so much out of deference to the often reiterated Boston opinion of its superior safety, as because I knew that both my friends fully believed chloroform to be dangerous and sulphuric ether to be absolutely free from all danger whatever. I may as well state here that the quantity used was somewhat less than half the contents of the canister, — between three and four ounces by measure. It was given from a towel, formed into a hollow cone. That it was administered with all due care I know from repeated previous experience of the judgment and discretion of the gentleman who attended to this duty. The patient inhaled the ether as he lay in bed; he came under its influence easily and fully. When anæsthesia was judged sufficient he was drawn to the foot of the bed in a proper position. The amputation was made about an inch and a half below the tuberosity of the tibia, by flaps, a short anterior one of skin and a long posterior flap from the calf. It was done with great quickness. Two arteries required ligature; one had been secured, and I was in the act of tying the other, when Dr. ——, who was giving the ether, exclaimed that something was wrong. I immediately went to his assistance. The patient had ceased to breathe, nor did auscultation reveal the faintest pulsation of the

heart. Our efforts at resuscitation, which need not be detailed, were full and most perseveringly employed, but were utterly fruitless.

A post-mortem examination, made the following day, at the request of the coroner, by Dr. J. H. Streeter and myself, revealed nothing but a congested condition of the left and the apex of the right lung. The heart was, perhaps, a little larger than the normal average, and moderately contracted; a small amount of soft, dark coagula was found in the right cavities; its external aspect was healthy, but, on laying it open, the ventricular walls seemed somewhat thicker and paler than usual, and on pinching between the finger and thumb their tissue broke down with a readiness and feel which left me in little doubt of fatty degeneration. The organ was submitted to Dr. C. W. Swan, whose microscopic examination demonstrated a large proportion of fatty degenerated tissue. The amount of blood lost during the operation was very small, not more than four or five ounces, and this not in any sudden gush, but gradually, during our efforts to secure the arteries, which were unusually brittle, so that in two or three instances the tenaculum lost its hold by breaking through their coats.

To make the history complete, I must say that, after the death of the patient, his wife told me that he had consulted me some twelve years before, and that I had then given him such directions and cautions as were undoubtedly suggested by suspicions of cardiac disease. There can be no doubt, therefore, that this patient was one of those in whom anæsthesia is not safe; but certainly no examination at the time of the accident would have revealed such complication. No apprehension of danger occurred to the hospital surgeon who saw him and recommended immediate amputation. An ordinary examination post mortem did not reveal the lesion with

certainty; that was only done by the often omitted microscopical test. If chloroform had been the agent employed, such evidence of cardiac disease would have been very slightingly regarded hereabouts.

The only other fatal anæsthetic case occurring in Roxbury, to my knowledge, was also from the use of sulphuric ether. The physician administered it by inhalation, as a peculiarly safe means of quieting a case of delirium tremens. The patient soon became quiet; the bystanders said he was dead, but the doctor said, "Oh, no! he sleepeth merely." It was some time before he was reluctantly obliged to acknowledge that the bystanders were right. I do not know whether there was a post mortem in this case, and cannot now ascertain, as the practitioner has been converted to homœopathy and gone to Chicago.

Another unpublished case occurred here several years since, in which an inverted womb was treated "*en polype.*" As soon as the ligature was tightened, the patient suddenly began to fail, and in a few minutes died. I am very much inclined to think that sulphuric ether was used in this case, but do not *know*, and only refer to it that you may, if you will, "follow it up." The case was in the practice of a neighbor of mine, who varied in this instance from his often-repeated axiom, that unsuccessful rather than successful cases should be published.

I have seen several cases where alarming symptoms occurred, — in one or two instances very alarming indeed, — in which death was averted, but have no time to narrate them now.

One case, however, I must refer to, of which I was a witness. Dr. S. Parkman, one of the surgeons of the Massachusetts General Hospital, since dead, had removed a cancerous tongue; the incandescent iron was taken

from the "*classical*" brazier and applied to the bleeding stump, — a long tongue of flame streamed from the patient's mouth, and he was carried below.* He died a few days after, of "*acute bronchitis*," — an unfortunate event, but having no connection with the operation, *of course*. This case may be thought to illustrate a danger in the use of sulphuric ether, at any rate in cases where the actual cautery or a flame is brought unduly near the combustible vapor, and one to which chloroform is not subject.

Now, as to deaths from chloroform. I never saw but one, and that was in this wise: During the battle of Cold Harbor, Va., in the early part of June, 1864, all our Second Corps surgeons who ever operated had enough to do. (During the thirty-six hours from the morning of the 3d of June to the night of the 4th, seven thousand wounded men were brought into the four field hospitals of the corps.) While operating at one table, the surgeon at the other called to me that his man was dying, — he was dead. He had suffered amputation of the left leg below the knee, and disarticulation of the right shoulder had just been completed, when, all at once, the pulse "fluttered" once or twice and then stopped. All resuscitative efforts were entirely without avail. The post mortem, made an hour after death, showed an enormously enlarged and flabby heart.

I think civil surgeons, and even many who served somewhat in the army, have but a very imperfect conception of the vast number of cases in which chloroform was used, during the late war, both North and South, — chloroform alone. I never knew sulphuric ether to be used in the field.

My own personal experience was very extended; for

* Many other gentlemen besides Dr. Martin were present at the terrible occurrence above referred to; among whom H. R. S.

eighteen months I was Surgeon-in-charge of two large general hospitals and Medical Director of a large district, in which were many hospitals and much cavalry fighting; for three months more, Medical Director of Field Hospitals of the Second Corps (the fighting Second), and for the remaining three months Surgeon in Chief of Division; — all this in the field, and during very active operations. During all this, I never saw or heard of a death from chloroform, save this, and such a case would have formerly excited neither surprise nor comment, — one of the frequent deaths "*on the table*" from the "shock of operation," of which we never now hear anything save in connection with chloroform.

Here let me mention a case: A boy four or five years old was brought to my office to have several teeth extracted. A kind member of my family told the mother, in my absence, that I did not attend to that part of surgery, and sympathizingly said that she must not think of letting them be extracted without anæsthesia. The child was carried to another person practising medicine in this place; he extracted two teeth without anæsthetics, and wished to pull two more. The child was much terrified, was carried home, and in twenty minutes was dead. Had he taken chloroform, it is my belief that he would not have died.

Amid all the talk of deaths from chloroform, we have no word of the many lives saved by its use. The total of deaths "*on the table*" is, I am sure, far less now, in proportion to the number of operations, than it was before 1846. I am also sure that many cases of death "under ether" remain unreported. There are always reasons for reticence in reporting such deaths, and, in this neighborhood, a man who should report such a case would have to "run the gauntlet," — to meet all the unfair criticism, all the obloquy which is poured on the

devoted head of any one who dares even to lisp a remark derogating at all from one of Pedlington's hobbies or heroes. The use of sulphuric ether as an anæsthetic, compared to that of chloroform, is simply insignificant. Even here, in Boston, I have no doubt that chloroform is used twice where ether is once employed; and this I say, not from surmise, but as the result of careful and somewhat extended inquiry. Taking the whole world outside Boston, — a large and populous region often ignored, — I do not believe it to be an exaggeration to say that chloroform is used a thousand times where ether is hardly used once. At any rate the disproportion is so enormous that one authentic death from ether outweighs a whole legion of fatal results where chloroform is used. A great many deaths under ether have been reported, but all have been ingeniously explained away; "fatty heart," "shock," etc., etc. I have no doubt that parties equally interested, who should analyze the chloroform cases, would find equally good reason for death, — that is, other causes which, plus anæsthesia, produced death. A fair, full investigation and discussion of any controverted medical subject is not possible in Boston, — least of all of this; but it is a subject interesting all humanity, and will, eventually, be fully and *fairly* investigated and discussed. I do not doubt that the conclusion will be that anæsthesia, like every other blessing of our poor humanity, comes not wholly unmixed; that, if chloroform is not free from danger, neither is sulphuric ether, and if the latter appears the less perilous, it is simply because it is more dilute, and the more potent agent must be employed with a method and caution which those, who are accustomed to the use of ether by the pint, or even quart, may often overlook. I do not doubt, however, that, whatever care is taken,

and whatever agent is used, death will now and then occur in the anæsthetic state.

The subject is so interesting and fascinating that I do not know when or where to stop; but, as I have given you the case you asked for and somewhat more, and as I am far from being at leisure, I may as well break off here, and do so with an expression of the warm hope that, at some future meeting or meetings of your "live" Society, this whole field may be gone over, and all its questions discussed with that fearless breadth of view, that utter disregard for cliques and *ex cathedra* and factitious omniscience which characterize all your own utterances, and which I am happy to see that you have infused into your Society and its Journal.

VAGINISMUS MISTAKEN FOR SPINAL DISEASE.

By Alexander R. Becker, Providence, R. I.

[*Communicated to the Society, and read Feb.* 15, 1870.]

In October, 1868, I was called to see a young married lady, twenty-two years of age, and of an excessively nervous temperament. She had been almost completely deprived of the power of locomotion for considerably more than a year by, as it was supposed, disease of the spine, and for this difficulty had been under homœopathic treatment.

Upon examining the spine, I found a slight protuberance of the fifth, sixth, and seventh dorsal vertebræ. As the patient was of a strumous diathesis, I was inclined to believe it a case of incipient Potts' disease, and applied a very light, but efficient brace, such as I am in the habit of using in such cases.

Subsequently, however, I learned that for several

years she had suffered from severe dysmenorrhea, and speedily gained the evidence of displacement of the uterus. But, upon attempting to make an examination, I found myself opposed by a vaginismus, and was informed that, though married for more than four years, conjugal intercourse had been an utter impossibility. By the use of chloroform, however, the spasm of the muscle was entirely overcome, and I was enabled to diagnose a complete retroflexion of the uterus, — but without apparent enlargement. With the hope that the hymen might be the only cause of the spasm, I carefully excised the whole of that membrane, — which presented no unusual appearance, — but, as I afterwards found, without the least benefit.

Ten days later, — the catamenia having intervened, — I performed the operation for vaginismus, by the Y incision, as recommended by Marion Sims. The hemorrhage, at the time, was very slight, but three hours later it broke out so profusely as to necessitate a tampon in the vagina, other measures having proved inefficient. The tampon was removed on the second day, and the vagina carefully syringed out with tepid water.

From that time on, for four weeks, she wore for several hours each day a glass dilator, such as is figured by Sims,* of four inches' circumference at the outer end. At the end of this time I had the satisfaction of finding the vaginismus cured, — to this extent, that the dilator gave her no pain, nor did she experience any from the manipulation necessary to an uterine examination. But she could not endure the approaches of her husband, and she has not yet, — an instance of the power of imagination.

She, however, bore very well the introduction of a Hodges' lever pessary, which brought the uterus into

* Uterine Surgery, p. 330, fig. 129.

good position. After two or three efforts the pessary was made to fit the vagina accurately, and then duplicated in silver. This she has worn ever since. Fortunately there was no congestion, nor inflammation of the uterus, to complicate matters, or necessitate a long, tedious after-treatment.

Six weeks after the operation she walked a mile with ease, — a thing she had not done for nearly two years; and last summer, while in the mountains, she found no difficulty in keeping her place with the rest of the party, in their pedestrian excursions. Nor at any time since the pessary was introduced has she experienced more than the ordinary lassitude and slight back-ache at the time of the catamenia.

The braces, having proved a grateful support until she recovered her strength, were then discarded.

I have thought this case worthy of notice on two accounts: First, because of the rarity of the complication, vaginismus; and, second, because of the entire absence of enlargement, or congestion, of the uterus, in spite of a displacement of several years' standing, which — in my experience at least — is quite unusual.

INTRODUCTION OF A HORSE-SHOE PESSARY (HODGES' OPEN LEVER) INTO THE CAVITY OF THE BLADDER, AND ITS REMOVAL BY FORCE.

By Tom O. Edwards, Lancaster, Ohio.

[*Communicated to the Society, and read April 5, 1870.*]

In September, 1868, Miss S——, aged twenty, called upon one of our physicians in extensive practice, complaining of uterine pain with bearing down, and requested his aid. He, designing to introduce an open-lever pes-

sary into the vagina, put it into the bladder, and she left for home. Four days thereafter, he took with him his partner as an assistant, and endeavored to remove the pessary by an incision into the urethra one inch from the meatus. Through this incision he brought one limb of the pessary, and tore the other limb through the upper part of the neck, leaving two perforations.

Miss S—— was betrothed. The day of marriage was fixed for the following month, and was consummated without objection from her surgeon. At the time of the removal of the pessary, an enormous calculus (pebble) was exhibited to the patient and friends, and they were told it had been extracted from her bladder. A fee of one hundred dollars was charged and paid.

The husband and patient called upon the surgeon some months after; complaining that "something was wrong," alleging that the urine was almost constantly dropping and produced irritation and uncleanness, and were told by that surgeon that "all was right; that had he prayed God to have healed the orifice through which he had extracted the stone, He could not have more completely healed it than it was healed."

I had operated upon an elder sister of the patient, four years before, successfully, for rectal fistula, and, as some of the symptoms were similar to hers, I was called upon; and, on exploring the bladder, I found a large urethral fistula one inch above the meatus, and about two inches beyond that a puckering cicatrix, at or near the junction of the neck with the bladder.

This cicatrix had formed a stricture, and I could not pass either a sound or catheter into the bladder without more force than I thought would be prudent; yet I could empty the bladder by catheter. I recommended an operation, and sent the patient to her father's, prepared her, and, in a few days after, in the presence of

Drs. Wagenhals and Boerstler, Jr., I performed the operation. After carefully and thoroughly dissecting away the sides of the fistula I inserted three Carlsbad pins, closing the orifice with silver wire by the "twister," introduced a catheter to the stricture, confining it securely, and placed a sponge in the vagina as a support to the pins, leaving my patient comfortable, except from effects of the letheon. The bowels were restrained by opium suppositories. I removed the sponge daily, and injected into the vagina and over the wound tepid water, affording great comfort. The fourth day, I found on the lower external part of the catheter pure pus. On the next day I was told by the mother that the urine was very bloody, and that she was compelled to remove clots of blood from the catheter in order to relieve the bladder. I removed and cleaned the catheter, found the sponge stained, and some clots in the vagina, but the urine clear. The next morning I was called from home, and did not return until the following day. I then found an importunate message, stating that hemorrhage had come on in the night, and that my patient was considered as lost; and with this the following letter from Dr. Wagenhals, who had been called in during my absence: —

"I was summoned at two A. M. to see your patient. Found her in collapse from hemorrhage from vagina. I removed the clotted blood, and used tampon saturated with acetat. plumb. sol., which had the desired effect. Not having a Sims' speculum, I was compelled to introduce the tampon without any other guide than the finger. In relation to the recently closed fistula, I was strongly tempted to use a solution of persulphate of iron, but was fearful of its effects upon the recent wound. No blood escaped through the catheter. The hemorrhage, in my opinion, was uterine. I am led to this opinion on

account of the large amount of blood lost, and because there was none escaping from the bladder. The family were greatly alarmed, and I fear, if another hemorrhage should occur, your patient would succumb."

On my way out I met the doctor, who had been summoned a second time on account of the hemorrhage. This was a mistake, as I not only learned from him, but found on arrival. The patient was blanched, for she had lost ten or twelve pounds of blood. Her extremities were raised and head lowered. The catheter was in position. Stimulants and beef tea were freely given, and suppositories in the rectum quieted bearing-down efforts to expel the tampon and the catheter. The next day the tampon was removed, and, to my regret, my pins were found to have been "carried away" in the fight for life. All that now remained to do was to repair damages, and begin anew. This was done by nutrients. Bark and iron, etc., were given, and in six weeks the patient came to my boarding-house, and the then greatly diminished aperture was closed by two pins as before, without anæsthetic agents. These healed the remainder, except a small aperture on the right side, which the daily application of caustic will remove, or, if it fail, one pin will suffice. From the past experience, I did not leave the catheter in the neck of the bladder, but having her in an adjoining room, I catheterized her from four to ten times daily, for eleven days. My patient becoming nostalgic, I allowed her to return home during the next menstrual flow, having instructed her mother in the use of the caustic (gr. xl. to the ounce), applied by a camel's-hair pencil. The first operation was performed on Jan. 12th, seven days after the close of the menses; and from this fact I am compelled to differ from my friend Wagenhals as to the origin of the flow. I trace it to ulceration, from the presence

of the catheter over the cicatrix and stricture, opening the artery in the dorsum of the neck of bladder. As I said, on the fourth day I found pus on the external end of the catheter, the urine bloody, and catheter clogged. This occurred eleven days after the menstrual flow, and as the uterus was now closed, hard, and impervious, I could not believe the hemorrhage came from it. Believing so, I catheterized, instead of leaving the catheter in the neck, at the second operation, with entire satisfaction. I saw my patient a day or two since; found the fistula closed except a small aperture, as mentioned before, and believe the caustic will close that, the performance of marital rights to the contrary notwithstanding.

This case is the second of the introduction of a pessary into the bladder, Prof. H. R. Storer's reported case having been the first; * and in correspondence with him he gives me a report of a third.† Why men will use this open-lever pessary, in preference to the closed, or Meigs' ring, or other safe pessaries, I know not; and one of the objects of this report is to warn them of the danger. This patient was a virgin, and to introduce a pessary into her vagina, except very carefully, would have ruptured the hymen. What she suffered by its presence in her bladder I cannot describe.

Prof. Storer, in his reported case, reasons most admirably in favor of dilatation of the urethra, instead of incising; and if he never before or since had performed an operation, he will stand, from the results of the case I am now reporting, at the head of medical logicians, and as the most persevering and patient surgeon on record. After detailing his "slippings, nippings, turnings, sufferings," — failures that would have deterred any other

* New York Medical Record, July 15, 1868.

† Reported at the twenty-eighth regular meeting of the Gynæcological Society.

man, — he says, "But at last, by a fortunate coincidence of patience, continued manipulation, and forcible pressure, a point of the instrument was engaged in the urethral aperture, was protruded by pressure from behind within the vagina, was seized, the three-quarters rotation was effected, and, to the joy of us all, there came the safe deliverance." Nobly was it done, handsomely was it detailed, and, in comparison with incisions into the urethra and their almost certain fistulæ, the lesson was noblest of all, for it was not only successful, but *original and skilful*, as "after twenty-four hours' use of linseed poultices, the patient was sitting up and enjoying a hearty meal."

In his report to me of the third case, he quaintly remarks, "We shall soon have quite a literature of vesical pessaries." I trust not, for the honor of the profession.*

I have heard that it took Dr. Storer four hours and a half to remove the first pessary. In the case by section of the urethra that I now report, the time spent was two hours and a half, by report of the family, "and the doctor was as bloody as a butcher."

How a man can make so egregious and dangerous a mistake is a wonder to me, and I cannot treat these cases with the charity of Prof. Storer. I cannot understand how a pessary can be thus introduced, and the apology made in this case still more embarrasses me: "I must have put one leg into the urethra, and as I reached for grease to anoint my fingers, the bladder must have sucked it in." This adds obscurity, and gives the bladder powers never dreamed in any philosophy I have ever read or heard of as yet.

* A fourth case, of removal by manipulation, from a pregnant woman without producing miscarriage, is reported by Dr. Byford, of Chicago, in the "Medical Examiner" of that city, for December, 1869, p. 729. — Eds.

ABERRATIONS OF GESTATION.

By B. H. Catlin, Meriden, Ct.

[*Communicated to the Society, and read April* 19, 1870.]

Mrs. S——, aged forty; the mother of two children, one twelve, the other seven, years old. Menstruated the middle of July, 1868. A month after this she had symptoms of pregnancy, — depraved appetite, enlarged breasts, and general fulness of the body. At the proper time she felt, or rather supposed she felt, motion of the fœtus. At the end of five months there was some hemorrhage. It did not come on suddenly; was not profuse. I first saw her Jan. 27, 1869; she then had slight hemorrhage. I was apprehensive of placenta prævia; advised her to keep very quiet. Saw her again Feb. 22; found that she had flowed occasionally, especially after walking or other exercise. I suggested that it might be a case of placenta prævia, and proposed an examination. The patient objected, being then in good general health, and not in immediate danger. Her general appearance did not indicate a pregnancy of seven months. I was called again March 7, and made a thorough digital examination, and by pressure upon the abdomen I found the uterus enlarged to about the size we should expect at the end of the third month. It was now nearly seven months since her last regular menstruation. She was informed that if she conceived at the time she supposed, there must be an arrest of development. It seemed unreasonable to suppose, from the history of the case, that she conceived at a subsequent period. It could hardly be supposed that the irregularity of menstruation was owing to the approach of the menopause. As the patient was a remarkably

healthy person, and the occasional flowing slight, I gave her more liberty to exercise.

March 24, between one and two o'clock A. M., she had severe pain in the back, somewhat periodical; took a powder of three-fourths of a grain of morphine with two grains of acetate of lead, which relieved her pains; but getting up to pass water, she felt something passing into the vagina. I was called, and saw her at half-past three A. M. On examination, found a small placenta lying in the os uteri. As there was no pain or hemorrhage I let her rest, keeping within call. She rested well till the next morning, when, making an effort to pass urine, something escaped into the vessel; I was soon with her; she was very comfortable, no pain or hemorrhage. I found the placenta and membrane had passed without rupture of the latter. They were quite offensive. I ruptured the membrane, and found a little dark-colored offensive fluid, but no appearance of a fœtus, or the remains of one, or any cord. The placenta was smaller than at the full time. I examined the abdomen carefully, but found no extra-uterine tumor.

She had a speedy recovery, and is now (April 1, 1870) enjoying perfect menstruation regularly.

It is perhaps somewhat remarkable that I have another case on the opposite side of the same street, at only a few yards' distance, very similar, with one important difference.

Mrs. C—— menstruated Sept. 1, 1869. She is thirty-seven years old, the mother of three children. In Jan., 1870, she had, while on a journey, slight uterine hemorrhage, which continued to occur occasionally, though not enough to affect her general health, which was uniformly good. I saw her only once previous to the 28th of March, 1870, when I found, at the last date, upon my arrival that something in a solid form had

passed from her, which on examination I found to be a placenta and membrana uteri. I ruptured the membrane, and found a small fœtus. The head and body measured just three inches in length. The arms and legs were rudimentary in size, though long in proportion to the body. It will be seen that it lacked but a few days of seven months after the last regular menstrual period.

Both of these patients were remarkably healthy American women, never having had any uterine diseases or abortions.

GASTROTOMY FOR THE SAKE OF THE MOTHER AND NOT OF THE CHILD.

By J. H. Butler, Baltimore, Md.

[*Communicated to the Society, and read March* 15, 1870.*]

On the 20th day of December, 1869, I was called, in consultation with Drs. Conner and Bohannan, of East Baltimore, to see the subject of this report, Jane Long, a colored woman, about twenty-six years of age.

She had been deformed since early childhood. The left hip had been affected, probably with coxalgia, and that leg, the left, was strongly flexed upon the pelvis, and fixed immovably in position. From the disuse attendant upon its constrained position, the limb was much atrophied. The only means of locomotion was through the agency of a crutch and a cane.

She was married in 1868, and was taken with labor pains about one week before my visit. She was under

* Presented in their relations to midwifery, the Society does not care to receive papers upon points connected with child-bed. The above communication, however, is of interest to gynæcologists, inasmuch as, the child being dead and putrid, the operation was performed solely to save the mother's life. — Eds.

the care of a midwife until Dec. 18th, when the doctors before named took charge of her.

I saw her about nine o'clock A. M., on the 20th. The brain of the child had been evacuated by puncturing the cranial walls, but no progress had been made thereby in the labor. Upon examination, I found that the presenting part had not engaged in the pelvis proper, but was still above the superior strait. The excavation and outlet were so much contracted as only to admit the passage of two fingers in the antero-posterior diameter, and in the tranverse only little more than one finger could pass. Two inches by one and a half inches would cover the greatest measurement.

Hoping to afford relief through the natural channel, I vainly endeavored to employ instruments. Her pulse at this time was feeble, her countenance anxious, her stomach irritable, and a constant flow of blood was taking place through the vagina. No time, therefore, was to be wasted, and to afford the woman the possible chance for life the Cæsarean section was performed.

Under chloroform an incision was made through the linea alba, from above the umbilicus to near the os pubis, the uterus opened below the attachment of the placenta, and the fluids carefully prevented from flowing into the abdominal cavity. The child was in a partially decomposed condition, and was without difficulty removed, the placenta extracted, and the uterus gently kneaded and held in position. Some little time elapsed, however, before it was sufficiently contracted to admit of the operation being finished. Some eight interrupted sutures served to close the external wound; and by means of sticking-plaster, compress, and a broad bandage the operation was complete.

The woman rallied well, and expressed herself as much relieved. Brandy was first used as a stimulant,

and afterwards opium. One grain every three hours was given to quiet all peristaltic action of the intestines. Beef tea and milk were also ordered.

6 P. M., same day.—Pulse one hundred; slept some since morning; took nourishment; no vomiting; no passage of urine, consequently the catheter was introduced and the contents of the bladder evacuated; some blood discharged from the vagina.

21st, 9 A. M.—Pulse one hundred and twenty. Slept during the night; took beef tea and milk; considerable discharge from the wound; no tympanites; very little pain; catheter introduced.

6 P. M.—Pulse one hundred and twelve. Rested comfortably during the day; took nourishment; water drawn off from the bladder.

22d, 9 A. M.—Pulse one hundred and forty, weak. Considerable discharge from the wound, of an unhealthy character and offensive odor; stomach irritable; tympanitic distention of abdomen; very restless; catheter introduced.

6 P. M.—Pulse one hundred and thirty-two. Restless and uneasy; all pain in abdomen gone; stomach irritable; no water in the bladder.

23d, 11 A. M.—Died.

No autopsy was allowed.

I think the result in this case would have been different had the operation been performed sooner, inasmuch as the woman presented some of the symptoms of pyæmia, doubtless caused by the retention of a dead and rapidly decomposing fœtus. Again, had ergot been given *immediately before* the operation, the uterine contraction would have been increased, and less difficulty experienced in bringing it to its proper size. Should I ever again have the same operation to perform, I would premise the chloroform by the administration of a full dose of ergot.

EDITORIAL NOTES.

OUR DEAD LIES BURIED, his sod strown with flowers, and wet with our tears. We turn now to our labor again, with a stronger determination than before, had that been possible, to do the work that it has been given us to do, faithfully, thoroughly, and fearlessly. By that departed saint, there has a force been set in motion in the world, to the increase of which, each according to his several ability, every member of the Gynæcological Society stands pledged. Like as in the "Harry Wadsworth Club," the personal force of one man, bequeathed to and entering into the life of a handful of zealous disciples, all bent upon the accomplishment of a single noble end, soon realizes that mystical multiplication by which the "ten times one" and its ten spring almost with the rapidity of magic into the ten times a thousand and its myriad of willing, receptive, illumined, and efficiently acting souls.

Our work is now with the living. As prompters of the public thought, we have to honor the good. Equally is it our duty to point out those who are not so.

IN COMMENCING THE THIRD VOLUME of this Journal, and a new year of its existence, it is not inappropriate for us to thank our many friends for their cordial co-operation. As fellow-workers we account all, whether subscribers or not, who by kind words of or to us have lightened our toil.

We have reason indeed to be thankful; and yet in all our success we see only an appreciation of the Society

and of its devoted missionary work. When the Association of the Editors of American Medical Journals, in session at Washington on the evening of May 2d, appointed Dr. H. R. Storer, of Boston, as its President for the ensuing year, in immediate succession to the veteran journalist, Prof. N. S. Davis, of Chicago, it was only a mark of respect from the brethren for the department of science to which he is devoted, for the dear old city he would so gladly see again assuming its place in the medical advance guard, and for the patience and perseverance that at the end of seventeen years of labor are but fresher than ever.

That journalists, professional as well as secular, mould the thoughts of their readers, is as true as that they reflect them. What, indeed, can compare with the influence of the press? Before its batteries those who oppose the world's progress go down as so many broken reeds. Whether it be a single man or an organization of men, — a medical college, for instance, that has dared an act of wrong, — let but a certain little black cross be made in sober earnest against the name, and that individual, or circle of individuals, makes amends or it is doomed. Their exposure reaches to thousands of miles away, and as blow follows blow, each harder and harder, while resistance grows weaker and weaker, friend after friend falls away from the evil-doers, the fountains of their support are dried, and if, as we have instanced, it is an illy cemented medical school, containing within itself the elements of its own ruin, — dry rot and burrowing vermin, — it totters to its fall.

We are indebted to Prof. Davis' courtesy for the Proceedings of the Editorial Convention in advance of their publication.* Reaching us, however, as we go to press,

* They will be found in full in the "Chicago Medical Examiner" for July, 1870.

we can only quote a single sentence from the admirable address of the retiring president: "You who control the medical press hold in your hands the main avenues through which the great mass of the medical mind can be reached and influenced. You have the means and the power, if you choose to use them, to mould the public sentiment of the profession, and concentrate it on the accomplishment of any desirable object, with an irresistible force."

It is comforting, to have a realizing sense of the support that the best members of "the Fourth Estate" now afford to each other. The union of strength and of purpose tends to a far vaster outreach. There exists already in Massachusetts, for instance; an Association of the Editors and Publishers of the State, conjoined together for good fellowship, for mutual advantage, and for the public welfare. We were permitted to officially attend its late annual meeting, and very pleasant excursion to Gloucester, on June 14th, and we reproduce the prevailing sentiment of that occasion, as a fitting commentary upon what we have already penned. "Editors," said one of the representative newspaper men of New England,* "are the makers of public opinion; they wield the public sentiment, and the power cannot be taken from them. They can make a man, or lower him; they have the power of doing him a great injury, or a great good. With these responsibilities upon us, it is our duty to guard them with the closest supervision and scrutiny." This we have sought to do in the past. It will still be our endeavor.

After the news of Dr. Simpson's death reached us there came this letter,—his last. While it shows the

* Hon. Charles W. Slack, of the Boston "Commonwealth."

perfect transparency of his character, his truthfulness, and his quick sense of honor, not personal merely, but regarding those who were gone, it contains matter very interesting to certain parties here in Boston. Traducers, slanderers, — we do not like to add, wilful falsifiers of history, — it remains to be seen whether they are also, in the face of the threefold decision that has now been rendered in favor of Dr. Horace Wells as the discoverer of practical anæsthesia,* to remain apologists for the unblushing, deliberate, and wicked theft committed when what belongs to Hartford, Ct., is claimed for the Massachusetts General Hospital and for the city of Boston.

"52 QUEEN ST., EDINBURGH,
"25th April, 1870.

"MY DEAR DR. STORER: The letter to Dr. Bigelow will, I believe, be sent out to you to-morrow. It is still in an incomplete state, but I have not had strength to work more at it.

"Two points I wished to have alluded to, but I find I have omitted them: —

"I. Of the value of Dr. Wells' observations: He himself cites in his pamphlet the opinion, which is too strong but still deserves to be quoted, of Dr. Marcy, to the following effect: 'I beg leave to offer it as my opin-

* I. By Dr. Simpson. "Reply to Dr. Bigelow's Second Letter." Supplement to this Journal for May, 1870.

II. By the Gynæcological Society of Boston. At the thirty-third regular meeting, held on May 3, 1870, it was unanimously decided, upon the evidence offered by a Committee consisting of Drs. Warner, Sullivan, and Dutton, who had faithfully examined into the whole matter, that, "after careful investigation of all the evidence presented, the honor of the solution of the problem of practical anæsthesia, as distinguished from the suggestion of any especial agent, belongs, without the shadow of a doubt, to the late Dr. Horace Wells, of Hartford, Ct."

III. By the American Medical Association, which at Washington, upon May 6th, 1870, at the recommendation of its Section of Practical Medicine and Obstetrics, which had had before it living witnesses to the facts in the case, among whom Prof. White, of Buffalo, unanimously coincided in the decision telegraphed to it by the Gynæcological Society.

ion that the man who first discovered the fact that the inhalation of a gaseous substance would render the body insensible to pain, during surgical operations, should be entitled to all the credit or emolument which may accrue from the use of any substance of this nature. This is the principle — this is the fact — this is the discovery. The mere substitution of ether vapor, or any other article, for the gas, no more entitles one to the claim of a discovery than the substitution of coal for wood in generating steam would entitle one to be called the discoverer of the powers of steam.' *

"II. I have forgotten to allude to what Dr. Sinclair told me when he was here a year or two ago, namely, that he could not use chloroform at Boston, in consequence of being caballed at by all the other practitioners of the city. Surely this is a most strange and narrow-minded policy of the profession of a town like Boston, pretending to be enlightened and living up to the spirit of the age. In former days, amidst the many fierce counterblasts issued to prevent the use and spread of tobacco, Dr. Bigelow relates that in the Colony of Massachusetts an Act was passed, laying a penalty upon any individual who should be guilty of 'smoking tobacco within twenty poles of any house.' Are the modern inhabitants of Massachusetts as a general body to be curbed and restrained as far behind, in the march of intellect regarding the influence of chloroform, as their forefathers were with regard to the influence of tobacco? All such sumptuary notions and laws end in nothing but failure and discomfiture.

"And now, my dear Dr. Storer, may God Almighty bless you and all that belong to you. I have had three severe attacks of acute rheumatism at the distance of

* Dr. Horace Wells' Pamphlet on Nitrous Oxide Gas, p. 20.

several years' interval; this last has been the most severe of all, as it attacks my chest. I am not very likely to escape its effects, and am in extreme debility; but you and I will, I hope, meet in another world, — for I look, as I hope you do, for salvation to Jesus, and to Jesus only.

"In writing, I make use of the hand of my pupil, Dr. Munro, who has watched over me, most lovingly and sedulously, by night and by day.

"Yours ever,

"J. Y. SIMPSON."

There are those in this city who are now, their false glories stripped from them by that dead hand, going about our streets with poltroon courage and with flippant tongue, defaming Dr. Simpson's truthfulness, honesty of purpose, and mental equipoise. There has indeed been lying done, but not by him. He was the very soul of honor. There have indeed strange instances of forgetfulness gone upon the record, and of lack besides of self-control. Did these, however, occur in Edinburgh? Is it possible that the great Boston authorities, to whom we have bowed so servilely all these years, are but poor, weak mortals like the rest of us, after all?

AT THE REQUEST OF DR. SIMPSON, contained in one of those letters from his dying chamber, we compelled ourselves, very reluctantly, to temporarily reopen communication with a person for whom, for some fifteen years, we have entertained only the most supreme indifference.*

* The reason of this is stated in a foot-note to the Boston Medical and Surgical Journal, for July 24, 1856, p. 500.

We represented to him that it was Dr. Simpson's belief that the present editor of the "Boston Medical and Surgical Journal" was a fair-minded and honorable man, and that as such he could not refuse, in common courtesy, to lay before his readers the reply to the Second Letter of Dr. Bigelow, a copy of which we sent him, even if its length should require that it should be printed in instalments.

We publish entire the answer to our note.* It will be perceived that it is addressed to Dr. Warner, who was kind enough to place our missive in the hands of Dr. P., and not, we are glad to say, to ourselves.

It will be recollected, moreover, if it is indeed this Journal to which allusion is made, that having presented the first of the "Bigelow papers" in full,† the second of them — the then "final" one — had been noticed by us at much greater length than its character demanded, and that, like its predecessor, also published by Dr. P., it was essentially an attack, and not, like that of Dr. Simpson, a reply to an attack. Had this Journal been the first to publish the article of original offence, its conductors would have been delighted to admit the answer, however damaging it might have been to their client or to themselves. Again, had Dr. Bigelow given us any intimation, even without a tithe of the civility

* "OFFICE MEDICAL AND SURGICAL JOURNAL, 334 Washington Street,
"Boston, May 8th, 1870.

"DEAR SIR: I have read Sir James Simpson's rejoinder. It occupies about twenty pages, but contains little that is new; and nothing, as it seems to me, that invalidates the positions taken by Dr. Bigelow.

"I have therefore decided to postpone inserting it in this Journal for the present; and perhaps until some other periodical which has published the letters of Professor Simpson shall have copied Dr. Bigelow's reply which Sir James Y. Simpson's communication attempts to answer.

"Very respectfully yours,
"LUTHER PARKS.

"DR. WARNER."

† This Journal, February, 1870, p. 110.

displayed towards Dr. P. by Sir James Simpson, that we should reprint his second abusive letter, whether in part or in full, we should have been most happy to do so. As it was, we gave reference to its whereabouts; which is more than "the great organ" did with regard to the Boston reprint of Prof. Simpson's replies. The feeble plaint of our provincial Nonconformist * to editorial fairness will be recognized as his first public acceptance of the existence of this Journal. Now a year old, however, able to stand alone, and its teeth well cut, it needs no such unwilling patronage.

That, upon more sober second thought, our neighbor has again recognized discretion to be the better part of valor, and has republished the uncorrected press copy † sent from Edinburgh to Dr. Bigelow, that that gentleman might, if possible, be shamed into better behavior, does not render his position any the less ridiculous. A very silly act, if repeated, becomes, and is considered, stale. It will be recollected that our contemporary waited quite a while for an English copy of Dr. Simpson's First Reply, rather than use that furnished him by ourselves, and now, rather than reprint from the fair sheets previously placed in his hands at Dr. Simpson's own request, he has reproduced, as he says, "verbatim et literatim," the typographical errors which the dying man, too ill to read the proof himself, had requested us to correct for him. Such conduct will be recognized in this region as well befitting "the Boston School of Medicine" to which Sir James so pointedly alluded.

* It is an odd coincidence to have a *Luther* behaving in this way, and at the same time to have come into possession of proof, from more than one gentleman with whom he has spoken, that a certain *Calvin*, once in controversy with us, by forcing his unwilling colleagues into the quarrel, and by explaining his non-denial of our charge by the most craven of excuses, was guilty of the meanest of all cowardly acts, the attempting to destroy an antagonist by secret blows. Meant to be mortal, they have but awakened us to a quicker life. We pardoned the first offence, but for these there can be forgiveness only after acknowledged repentance.

† Boston Medical and Surgical Journal, May 26, 1870, p. 390.

How the littleness of a very little man stands boldly out when compared with a truly generous nature, such as was his who has gone! It is not worth our while to tilt any longer with a shadow.

THE DISCUSSION PERMANENTLY CLOSED, says Dr. P., "by Heaven's solemn fiat" in the death of Prof. Simpson, has been reopened by the son of his father, and we have another "Bigelow's Sequel."* "Final," used by these gentlemen, is an expression, like caoutchouc, very elastic. In this instance, as in many others in history, it will be found that vexed questions, several of them at a time, have been settled, by raising a little our point of outlook.

"'The American Medical Association,'" to quote Dr. Henry J. Bigelow's quotations,† "signalized its late meeting, among other anomalous and extraordinary doings, by a resolution put and carried just before separating, attempting to settle, by the snap-judgment of a kind of caucus vote, a question of discovery in science which for years tasked the intelligence of scientific men in Europe and this country."

Unintentionally, of course, the preceding paragraph entirely misstates the truth. The Association, so far from acting hastily, did not pass upon Dr. Wells' claim at all until it had devoted nearly a whole session of

* The first having been "A Treatise," etc., etc., "intended as a Sequel to the Pharmacopeia of the United States." Boston: Published by Charles Ewer, 1822.

† Boston Medical and Surgical Journal, May 26, 1870. The animus of these quotation marks is evident enough when it is recollected that the gentleman who employs them was the ringleader of the malcontents who, in 1865, undertook to prevent the session of the American Medical Association at Boston, and thus to give it its "final" coup de grâce. The round-robin prepared by his father, signed by every practitioner of middle age then living in Boston who was supposed by the conspirators to be possessed of influence, save the late Dr. J. Mason Warren, Dr. John Jeffries, and Dr. Bowditch, who refused to be thus entrapped, and then carried to the pre-arranged special meeting of the Suffolk District Medical Society for "the snap-judgment of a kind of caucus vote," did not increase the obligations due from the profession in this country to the family of whom we are speaking.

its Section of Practical Medicine and Obstetrics to the consideration of the question which, through Boston sophistry and Boston arrogance, had, it is true, for so many long years, tasked the intelligence of scientific men in Europe and this country.

That question, however, before it reached Washington, had been stripped naked of its every lure and disguise by the concurrent investigations of Sir James Simpson and the Committee of the Gynæcological Society, who had given to it several months of careful study. By the verdict of competent and disinterested judges, neither partisans, nor smirched with the dirt of personal conflict, the late Dr. Horace Wells, of Connecticut, has been pronounced the discoverer of modern practical anæsthesia. This verdict, as we have shown, has been over and over again repeated. So far from its being true that Dr. Wells "narrowly missed a great result,"* it has been proved to a demonstration that it was from him, Dr. Morton's partner in business, that the "Boston notion" of anæsthesia was stolen, even while this city was hooting at his unsuccessful attempt to introduce it here a year previously, — unsuccessful, as Dr. Bigelow now for the first time acknowledges, simply because "he used too small a volume of gas, and its virtue was soon exhausted."†

It is in reality only subsequent to a great battle such as was waged among us a quarter of a century ago, after the heat of the strife has been allayed and the dust well settled, that a question of such importance can be finally adjudicated. This has now been done, and the decision of the American Medical Association will be accepted by the profession everywhere, and permanently, to be as final‡ as it is righteous.

* Boston Medical and Surgical Journal, May 26, 1870, p. 390. † Ibid. p. 389.
‡ In the true and not the Boston sense.

Even Boston itself will soon wheel into line with the rest of the world, as it is already so rapidly doing with regard to other of its pet heresies. Now that Simpson's death, occurring just as it has done, will endow chloroform with a more precious value to the profession at large than ever before, we do not care to cite Dr. Richardson's (of London) late admirable lecture upon the causes of its in reality comparatively small mortality,* nor to glory in the overwhelming defeat of its assailants. The "California Medical Gazette" well presents the true state of the case, when it says, "So many deaths from chloroform have lately been reported, that the question: Have we any safer anæsthetic? becomes more and more important, both to the profession and the public. Boston unhesitatingly says yes, *ether;* and as our medical brethren of Boston are honorable men, we might ask why is the use of ether confined almost exclusively to Boston. The fact is, that the denunciation of chloroform and the laudatory reports of ether by Bostonians, are considered by the profession generally as unfair and unreliable." †

We regret most sincerely that our native city has ever been placed by the folly or blindness of some of its townsmen in so false and ridiculous a position as it now must occupy. We regret, moreover, that so estimable a gentleman as our venerable preceptor, the Emeritus Professor of Materia Medica in Harvard University, should have lived to see so large a portion of the ardu-

* No one of course will be foolish enough to suppose that we consider any anæsthetic, any more than any other drug, to be invariably free from the chance of an accident. We ourselves, within a week or two, anæsthetizing a patient for Dr. Cheever, had her faint while under chloroform. There had been a fracture of the arm immediately after a hearty meal, and there was excessive nausea during the exhibition of the anæsthetic. A resort to appropriate measures quickly re-awoke the pulse and re-established respiration. Who, with any considerable experience, has not had the same threatening of mischance occur with sulphuric ether?

† Loc. citat., May, 1870, p. 201.

ous labors of a lengthy life expended, as they have been, upon the false pretences of the deceiving Morton and the bamboozled Massachusetts General Hospital, so incontinently brought to nothing. We trust that he will accept, in resignation, the conclusion that is now a foregone one. If he does not, we can only commend to him his own suggestive and very elegant doggerel when arriving at home from his late Californian journey: "Ye pilgrim of the Yo Semite, Whose courage naught can daunt, Push onward to your destiny, And 'see the elephant'!" *

TWICE, DURING THE MONTH OF MAY, was the old and well-beloved motto of Massachusetts, "Ense petit placidam sub libertate quietem," applied to the solution of intricate professional problems, which, left to themselves, would have long vexed us all. Gordian knots occasionally present themselves to every man and every body of men. Happy they whose sword is keen and whose hand unswerving to cut them! Dangerous delays, dishonorable compromises, the enshackling nets of a wily foe, are thus best swept away.

On some three or four occasions previously, the American Medical Association had been subjected to what was supposed, at each time, the critical test of its power of continued existence. The strongest strains of all upon it had been of a political character. At the outbreak of the war and at its close, the rupture between North and South and the reunion of the severed fragments, — these furnished fiery ordeals that separated much dross from the pure gold. What vile material was still left in combination, — and there was more of it than any one had supposed, — was subjected to a furnace at

* Boston Medical and Surgical Journal, June 16, 1870, p. 466.

Washington heated seven times hotter than ever before. During the session of the Association, and since that session, never were there more unseemly exhibitions of testy temper, disappointed ambition, and frustrated incendiarism than have filled the professional journals and secular newspapers, especially at the North. We were in the midst of the tempest and cognizant of its every breath. It was indeed permitted to us, through Providence, to assist in giving the turn to the helm, which at last, despite the palsied inefficiency of the presiding officer, carried the Association through and past all breakers into the calm of absolute and permanent safety.

Never had a trap been more skilfully set than that laid by the unscrupulous politicians of Howard University; never a puzzle more ingeniously contrived. Like many a similar junto, however, that cabal came to excessive grief. Hoist with their own petard, strangled with their own wires, choked with their own unsavory bolus, these men were made to stand before the Association, convicted, by their own confession, of most unprofessional and dishonorable conduct. Ignoring the fact that the Fifteenth Amendment to the Constitution of the United States had practically extinguished the last faint embers of the Rebellion, these mischief-makers had, wholly against his will, taken the negro, already licensed to practise in the District of Columbia, and empowered to consult and be consulted by white practitioners, and had endeavored to force him into social intercourse with the Southern gentlemen pursuing their profession in the District. It was a deliberate, cold-blooded attempt to cram negro equality, or rather negro worship, down their throats, to use a homely expression. It was intended as a malicious insult, and no one has a right to complain that it was so taken. Our language must not be misunderstood. We are Northern men,

who looked at this matter from a Northern stand-point. Every word that we have said was proved true by facts that were publicly elicited in open meeting upon the final day of the session.

If the Southern members of the profession had been treated as gentlemen in this matter, — which dates back through a period of several months prior to the meeting of the Association, during which time we ourselves were in receipt of all the printed matter published by both parties to the controversy, and of many private letters besides, — if these gentlemen had been treated as such, the negro, had he been properly presented as a delegate from any medical college, society, or hospital, recognizable by the Association, or not infringing its Code of Ethics, would at once have been admitted to membership, by the Southern as well as the Northern vote. Examples enough of the decolorizing process had been set that could have been followed by even the most punctilious cavalier, and there were Southern men at that meeting, true to their flag while it waved, but accepting the stern necessity of their fortune, who came prepared to shake hands in mutual fidelity again, and with influence to make the compact an universal one. The moment the opportunity was given, how gallantly it was all done! It had seemed as though there must be a rupture; great bodies of men, both from the North and from the South, had met and had pledged themselves to withdraw from the Association, if certain threatened occurrences took place. Had there been such a severance, the work of all these years would have gone to annihilation, for the Association, as a national body, would never have assembled again.

Dr. Sullivan's motion was then put. It was voted down, thanks to the pusillanimity, indifference, or wilful absenteeism of Northern men. But it served to pave

the way for the motion by Dr. Storer, which, in a moment, as soon as its true meaning flashed through the minds of that stormy crowd, was caught at by a spontaneous, universal movement, and was passed at once by an overwhelming majority. It was no compromise, nor was it intended as one. It was no yielding to pressure from either side. It was neither hoodwinking nor "being hoodwinked," to quote the infuriated words of an imperious Senator, who, at his breakfast-table immediately afterwards, undertook to deny to others the same liberty of thought and action he has always arrogated to himself. It was not treating the Southern members as "devils incarnate," to speak from a similar high authority, nor was it planting asses' ears upon the North. It was simply affording dry land and an olive-branch to those who were quarrelling about a question that had never, in reality, been presented to the Association, and who were in just the mood to hail the ray of light which showed them what they had to do, and the proper way, the honorable way, and the only way, in which to do it.

Disappointed ultra radicals, incendiaries at the North, may howl or they may exult, for they are doing both; befogged partisans at the South may question and doubt, for they, too, are equally at fault; but the calm and impartial historian of the profession will by and by speak of May 6th, 1870, as the time when our Association was in its greatest peril at the hands of assassins, and the time when it trod its enemies into the dust under its feet.

"THAT IT WOULD EXPEL THE AMERICAN MEDICAL ASSOCIATION," was what the ancient wire-pullers here predicted of the Annual Meeting of the Massachusetts Medical Society. Of late, however, it has been found

that all the fury of these blusterers ends in very transparent smoke, which vanishes before the wave of a determined hand.

"Expel the Association," indeed! Tried at Washington upon the charge of most improper practices, made against it in formal memorial by the Gynæcological Society, and found guilty of them all, subjected to the discipline of probation, and sentenced, moreover, to a refusal of representation at any future session of the Association until it should purge itself of every contempt, the Massachusetts Medical Society at its last meeting did what?

I. It repealed that Section of its By-Laws which had allowed an unchallenged admission to the Society to graduates of the Harvard Medical School, upon the mere presentation of their diploma, while the graduates of all other colleges in this country were compelled to undergo an invidious examination.

II. It expelled from its fellowship "all those who publicly profess to practise in accordance with any exclusive dogma, whether calling themselves homœopaths, hydropaths, eclectics, or what not, in violation of the Code of Ethics of the American Medical Association." Of these camp-followers, as is well known, there were scores in full standing with the Society, a large proportion of them, it has been claimed by one of their own journals, graduates of Harvard College.

It will be perceived that the action of the Society with regard to this point does not require the concurrence of the Councillors, no alteration of any by-law being involved.

Till now for many years the Society has been ruled by the self-styled cream of the profession. That cream has at last been skimmed off and churned. It did not give the promised product, neither rich butter, nor

starveling cheese even; but this is not surprising. From nothing, nothing can be made. False prophets and usurping school-masters that day fell. The Society showed in an unmistakable way that there was a deal of life left to it yet, and that it meant that hereafter the Councillors, its servants, should not be its masters. Thus twice in the month of May was the motto of Massachusetts vindicated by Massachusetts men.

That the action of the Society at large with reference to Harvard College has yet to be endorsed by the concurrent vote of the Councillors, in no way lessens the forward stride that has been effected. Their wise men prophesy again, — that this endorsement will not occur. Then let the Councillors look to their heads. More than one of them, practically dead, was laid out at the May meeting, and professionally buried. The October meeting may do as much for some of the rest.

The Society understands that, in correcting the two abuses above indicated, it has but commenced the work of reform. There are other as important changes necessary; to these we shall hereafter call attention.

"THE BACK TRACK" is what cautious travellers take, when they see, or think they see, certain destruction before them. To suddenly reverse an engine under full headway means one of two things, excessive prudence or excessive fear. It is with no common satisfaction that we chronicle the admission of our associate, Dr. Bixby, into the Massachusetts Medical Society, in view of his previous so suspicious rejection, to which we have more than once already alluded. Determined never again to present himself as a candidate until the iniquitous compact of the Society with Harvard Col-

lege had been repealed, and availing himself of the first opportunity to do so after this had been done, his success can hardly imply a change in his ability within so short a period, but rather a retreat from their perilous position by the Boston Censors.

W. L.
H. R. S.

It was with sincere regret that we learned of the destruction by fire of the edition for May of the "New York Journal of Obstetrics." Dr. Dawson has shown himself so well fitted for the conduct of a medical periodical of the highest class, that he will have the sympathy, not merely of the fraternity of medical editors and his large number of subscribers, but of the whole profession.

New York has reason to be proud of its medical press. The "Record," published every fortnight by Wm. Wood & Co., and edited by Dr. Geo. F. Shrady; the weekly "Gazette," managed by Dr. A. L. Carroll, and issued by Turner & Mignard; the monthly "Medical Journal" of Dr. Dunster; the quarterly of Psychological Medicine, conducted by Dr. Hammond, and published, like the last, by Appleton & Co.; the Ophthalmological "Archives," and Syphilographical "Journal," are each of them, like that we mentioned above, well worthy a place in every library. To distinguish between their merits would be as difficult as invidious, though each has its distinctive characteristic. The editorials of the "Record" and "Gazette," however, can truly be said to exercise a very controlling influence upon what may be termed the medical politics of this country.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. III.] AUGUST, 1870. [No. 2.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

TWENTY-SEVENTH REGULAR MEETING, FEBRUARY 1, 1870.

THE twenty-seventh regular meeting of the Society was held on Feb. 1st, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Sullivan, Campbell, Bixby, Dutton, and H. R. Storer, and, by invitation, Drs. E. H. Weston, of East Cambridge, M. B. Leonard, of East Boston, and Carl Both.

The records of the last meeting were read and accepted.

Letters in acceptance of their election were read from Sir Jas. Y. Simpson, Edinburgh, Honorary Member, and Drs. Augustus F. Erich, of Baltimore, F. H. Getchell, of Philadelphia, John Byrne, of Brooklyn, N. Y., and Thomas C. Finnell, of New York City, Corresponding Members.

A photograph of Dr. Getchell, of Philadelphia, Corresponding Member, and an engraving of Prof. Gross, of Philadelphia, Honorary Member, added to the Society's collection, were exhibited.

Entered, according to act of Congress, in the year 1870, by HORATIO R. STORER, M.D., in the Office of the Librarian of Congress at Washington.

The following donations to the Library were announced: from Dr. Domenico Peruzzi, of Lugo, Italy, his monograph upon Gastrotomy for Uterine Fibroids; from Dr. Joseph G. Richardson, of Philadelphia, his paper on the Diagnostic Value of the Corpuscular Blood Elements in the Urine of Bright's Disease; and from Dr. John Byrne, of Brooklyn, N. Y., papers on Pelvic Hematocele and the Surgical Treatment of Chronic Retroversion, both by himself.

The Secretary read, in accordance with the rules of the Society, the application of Dr. Edward H. Weston, of East Cambridge, for nomination as an Active Member.

Dr. Bixby exhibited a form of

UTERINE DRESSING FORCEPS,

of his own device, but which he had subsequently ascertained, was very similar to those of Maw and Son, exhibited at the Special Meeting of the London Obstetrical Society, for the exhibition of instruments, held on March 28th, 1866.* The handles of the instrument were bent perpendicularly at nearly a right angle, for the purpose of removing the hand of the operator from the axis of vision.

Dr. Warner considered the change in the shape of the instrument no advantage, but rather the reverse.

Dr. Storer thought that this would depend very much upon the position of the patient during the application, whether she were on her back or on her side. If in the latter position, there might be less interference with the rays of light by the operator's hand.

Dr. Warner considered that while the side was the best position for digital exploration, it was inferior to the back for applications by means of the speculum.

* Catalogue of Obstetrical and other Instruments. London: Longmans, Green, & Co., 1867, p. 111.

In the choice of this instrument he thought Dr. Storer's modification of the Cusco the best for the side, while the quadrivalve best satisfied the indications where the patient was on her back.

Dr. Dutton inquired if the modified Cusco were not the best for immediately bringing the os uteri within the field of vision under any circumstances. He himself considered that it was.

Dr. Sullivan considered the quadrivalve better than the Cusco for making applications.

Dr. Warner asked Dr. Dutton if with Cusco he always at once brought the os into view in cases of extreme anteversion.

Dr. Dutton replied that he could not recall to mind a case where he had failed to effect it.

Dr. Storer mentioned that the possibility of doing so would depend somewhat upon whether the uterus were fixed, or no, in the unnatural position, by pelvic cellulitis, cancerous infiltration, or the pressure of a tumor.

Dr. Storer, recurring to the subject of uterine dressing forceps, exhibited a simple catch that he had several years since had attached to the ordinary instrument, by which its advantages in cleansing the os uteri by cotton or a sponge, and in applying liquid or solid substances to it, were greatly increased.

Dr. Storer also exhibited a set of

IMPROVED METALLIC DILATORS FOR THE CERVICAL CANAL,

made for him by Leach & Greene, to be used in the treatment of dysmenorrhœa, sterility, and, where necessary, to precede a sponge or other tent.

The ordinary dilators, made of soft metal, were al-

together too flexible, and when meeting with obstruction would frequently bend upon themselves. Those made of hard rubber were too brittle, especially the smaller sizes. He considered German silver preferable to either.

Dr. Bixby demonstrated, under the microscope, the fibrous structure of sessile intra-uterine outgrowths from two cases operated upon by Dr. Storer, since the last meeting.

Dr. Both exhibited remarkably beautiful specimens of several rare medical chemicals from the establishment of Mr. Leopold Babo. Among them were the following: hydrate of chloral, phosphoric acid, chloride of zinc, valerianic acid, alcoholic extract of kousso, nitrate of cerium, chloride of propylamin, iodide of barium, sulphate of the cyanuret of potass, nitrate of uranium, and the hydrochlorate of quinia.

In the same connection, Dr. B. also exhibited a dried lizard, the mate to which, of the same species and size, had been swallowed by a German patient, after being reduced to a powder by trituration. "A young alligator" had been ordered by the irregular physician having charge of the case, and Mr. Babo had procured the lizards referred to, as sufficiently near to what had been prescribed for all practical purposes. The patient had subsequently died, in spite of the alligator.

Dr. Both, referring to the discussions already had by the Society, regarding uterine injections, stated that, before giving up general practice, he was accustomed to employ them in cases of uterine hemorrhage, as taught to him by his preceptor, Scanzoni, and without any trouble.

Dr. Warner thought that this immunity had been owing to a spasmodic contraction of the inner sphincter, preventing the entrance of the fluid into the uterine cavity. In many cases of displacement, moreover, it

was impossible to insert the straight nozzle of a syringe past the inner sphincter.

Dr. Bixby alluded to Dr. Kammerer's paper, favorable to injections, in a late number of the "New York Journal of Obstetrics."

Dr. Dutton inquired if uterine leucorrhœa was not generally a symptom of endometritis.

Dr. Warner replied that this was very apt to be the case.

The Secretary read a communication from Sir James Y. Simpson, of Edinburgh, entitled "Edinburgh's Part in the History of Anæsthesia;" it being a reply to an attack by Dr. Jacob Bigelow, in a late number of the Boston Medical and Surgical Journal.

[Prof. Simpson's paper was published in the Journal of the Society for February, 1870.]

He also read a communication from Dr. Samuel Kneeland, of the Massachusetts Institute of Technology, written in behalf of a Committee, of which he was a member, desiring the assistance and influence of the Society towards erecting a monument to the late Dr. Wm. T. G. Morton, and extending aid to the members of his family, in commemoration of his services in introducing to the world, anæsthesia during surgical and obstetrical operations.

A spirited discussion followed the reading of Dr. Kneeland's letter, participated in by the President, Dr. Lewis, and Drs. Sullivan and Both, with the result of the election of a Committee, upon Dr. Sullivan's motion, with instructions to examine into the whole subject of the conflicting claims of Drs. Morton and Jackson, and to report at the next meeting.

The President appointed Drs. Sullivan, Warner, and Dutton, as members of this Committee.

Dr. Sullivan read a paper upon

THE USE OF DIGITALIS IN UTERINE HEMORRHAGE.

[Dr. Sullivan's communication was published in the Journal of the Society for June, 1870.]

Dr. Bixby stated that he had lately employed digitalis in a couple of cases of menorrhagia, according to Dr. Sullivan's advice, and with excellent effect.

Dr. Warner regretted that Dr. Sullivan had not exhibited the digitalis by itself, uncombined with any astringent, in all the cases which he had reported.

Dr. Sullivan replied that, in a large proportion of them, he had used it alone; in sufficient, certainly, to establish the fact to which he had drawn attention.

Dr. Weston inquired if Dr. Sullivan would use digitalis in cases where the hemorrhage had been sufficient to cause extreme exhaustion.

Dr. S. replied that he would not.

Nominations were made and referred to the Committee on Membership.

Adjourned.

TWENTY-EIGHTH REGULAR MEETING, FEB. 15, 1870.

The twenty-eighth regular meeting of the Society was held on Feb. 15th, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Sullivan, Warren, Bixby, Weston, and H. R. Storer; and, by invitation, Drs. Alexander R. Becker, of Providence, R. I.; S. J. McDougall, J. D. Whelpley, and A. E. Mc-

Donald, of Boston; Jonathan Mann, of South Boston; and H. A. Martin, of Boston Highlands.

The records of the last meeting were read and accepted.

The Secretary read letters, in acknowledgment of their election as Corresponding Members, from Drs. John Buzzell, of Portland, Me.; M. Calkins, of Springfield, Mass.; M. B. Wright, of Cincinnati; and J. H. Baxter, and J. O. Stanton, of the U. S. Army. The photograph of Dr. Stanton, added to the Society's collection, was exhibited, and the following donations to the library announced: from Sir James Y. Simpson, of Edinburgh, his paper upon the Therapeutic Action of Chloral, and a London reprint of his letter to Dr. Jacob Bigelow, of Boston, published in the February number of the Society's Journal; from Dr. G. J. Fisher, of Sing-Sing, N. Y., his monograph upon Whether Malformations or Monstrosities of the Fœtus in Utero are ever produced by the power of Maternal Mental Emotions; from Dr. John C. Hupp, of Wheeling, West Va., the Memorial of the Medical Society of that State, in favor of the appointment of a State Geologist; and from Dr. W. M. Wood, Chief of the Naval Bureau of Medicine and Surgery, his Report on the Difficulty of Officering the Medical Corps of the Navy; its Causes and the Remedy.

Dr. Edward H. Weston, of East Cambridge, was elected an Active Member of the Society.

There was presented, on behalf of Dr. Weston, from an abortion at the third month, an enormously

HYPERTROPHIED PLACENTA,

the size indeed of that at the full term, with several large cysts in its structure, and with a three months'

fœtus still attached. There being some doubt as to the exact lesion present, the specimen was referred to a Committee, consisting of Drs. Bixby and Dutton, for further examination.

Dr. Becker, of Providence, communicated a paper upon

THE SURGICAL TREATMENT OF VAGINISMUS,

relating an illustrative case which had previously been mistaken for Pott's Disease of the Vertebræ.

[Dr. Becker's communication was published in this Journal for July, 1870.]

Dr. Lewis inquired the frequency of actual disease of the spine in females.

Dr. Becker believed that its frequency was very generally overrated.

Dr. Sullivan seldom, if ever, saw in the cases of young women, where back-ache was so prevalent, any actual disease of the spine, although, in his early medical life, he had been taught that they must necessarily be coincident.

Dr. Storer called attention to Dr. C. F. Taylor's monograph upon the Causes of Back-Ache in American Women, published in the Transactions of the New York State Medical Society,* and to his own remarks upon the subject in his paper upon Scarification of the Uterine Cavity, read before the same body,† portions of which were quoted by Dr. Pinkham, in his memoir published in the Gynæcological Journal, for August, 1869.

Dr. Becker referred to the peculiar irritation, pro-

* Transactions of the Medical Society of the State of New York, 1864, p. 126.
† Ibid. 1867, p. 212.

duced in his case, by the use of a vulcanite dilator. Finding the glass dilators of Sims too small for the purpose, he had had a larger one constructed of the material alluded to; but a similar action was produced to that of the ordinary rubber overshoe upon the foot, termed "heating." The dilator had, consequently, to be removed.

Dr. Storer suggested that part of the irritation produced by pessaries, which were now generally made of vulcanite, might be owing to the cause mentioned by Dr. Becker. He was inclined to think that the frequency of vaginismus had been underestimated by that gentleman. He himself recognized the two distinct varieties of the affection pointed out by Sims, and both so productive of sterility. Their treatment was as different as was their character. In the first and most frequently recognized variety, where the affection was confined chiefly to the neighborhood of the posterior fourchette, he had repeatedly operated successfully by the Y-shaped incision of Sims, and subsequent dilatation by his glass dilating horns.

In one of these instances, the lady had been married for twenty-six years, without coitus having been once effected, previous to the operation. In other cases he had employed the method first suggested to him by Dr. Alfred C. Post, of New York, several years since, of forcibly rupturing the lower vaginal sphincter by the separation of the two thumbs or the introduction of the clenched fist, of course under chloroform. In other instances he had found the spasm and pain occasioned by the presence of some local cause of irritation, just as occurs in the case of the sphincter ani, and he related a case lately treated by himself and Dr. Warner, where the whole trouble was owing to a small specific ulcer, which rapidly yielded to appropriate treatment.

There were still other cases, of which he reported types, where the hyperæsthesia was occasioned by the passage of irritating vaginal or uterine leucorrhœal discharges, without the presence of abrasion; and others still where the neuralgic exaltation was of purely a secondary and reflex character, — the treatment requiring to be in accordance with the cause.

The second variety, where the spasm was of the upper portion of the vagina, and often unattended by pain, producing immediate ejaculation of the seminal fluid out of the canal again after coitus, he believed to be also far more common than was generally supposed, and to be a valid cause of many otherwise unaccountable cases of sterility. He had seen no satisfactory treatment suggested by Sims, or any other author. In practice, however, he had found benefit by the insertion of a small Meigs' ring, which, by surrounding the cervix uteri, prevented complete spasm of the vaginal cul-de-sac, and in this way allowed a portion of the seminal fluid to remain. In other cases he had advised that the parties should not separate themselves till a period of some minutes had elapsed after the completion of the conjugal act.

He had reason for believing that a non-appreciation of the actual and curable character of these cases had often laid the foundation of a suit for divorce. Husbands could not understand why their approach should be so shunned by their wives, or believe that the suffering, alleged to be so intense, could be real. It was the business of the physician to ascertain and explain the true character of the case, and thus allay a vast amount of domestic unhappiness.

The Secretary read a paper from Dr. George E. Brickett, of Augusta, Me., upon

CHRONIC INVERSION OF THE UTERUS, AS GROUND FOR A SUIT FOR MALPRACTICE.

[Dr. Brickett's case was published in the Journal of the Society, for May, 1870.]

Dr. Dutton related a case of inversion in this city, where, although three physicians had been in attendance, the lesion was not detected until nine months after its occurrence, and was then reduced. The husband of the patient had seriously thought of instituting a suit for malpractice against one or more of the previous attendants.

Dr. Martin had been familiar with the details of the same case.

Dr. Storer remarked upon the great progress that had been made in the treatment of cases of chronic inversion. Formerly, they were supposed incurable. This was still the opinion of some members of the profession. He had known a patient in this city, within a very few weeks, to be sent back to Europe by her physician, there probably to wear away a miserable existence, without an effort being made for her relief. Dr. S. referred to the success of Prof. White, of Buffalo, Tyler Smith, of London, Emmet and Gaillard Thomas, of New York, and others, in reducing inversion of many years' standing, and to the fact that in cases of the kind impregnation had subsequently occurred.

He described the various operative procedures resorted to, particularly the ingenious device of Dr. Emmet, in stitching the lips of the os uteri together, by silver sutures, for the double purpose of preventing reinversion, and obtaining a completion of the cure in a case where adhesions superiorly prevented the entire reduction of the organ at once; and to the bold procedure of Gaillard Thomas, of getting at the uterus from above

by abdominal section, and then overcoming the obstruction by instrumental dilatation of the contracted portion, also from above. Dr. S. had formerly disbelieved in the causation of inversion by an interstitial fibroid independently of the puerperal state. He had, however, operated upon one case, with his father, in 1866, upon a patient of Dr. Bickford, at Charlestown, where there could be no doubt whatever of the fact.

The Secretary communicated, on behalf of Dr. Goodall, of Greensboro, Vt., a Corresponding Member, the following case of

METRORRHAGIA FROM RETENTION OF EMBRYONIC DEBRIS AFTER AN ABORTION.

Dec. 1st, 1865. Mrs. R. C—— had not menstruated for six or eight weeks (she thinks eight weeks). At that time she received a fall, striking the lumbar region of the back across a sill; the next day she had a little vaginal flow, not enough to demand a napkin; this continued about five days. In the night of December 6th she had regular labor pains, which expelled a mass about six inches long, compared by the patient to a hog's melt (pancreas). The metrorrhagia continued after this about the same as before, until December 17th, when a single slight labor pain was accompanied by a gush of very offensive fluid, about a teacupful. Dec. 26th this phenomenon was repeated, as also on Jan. 3d, 1866. Jan. 10th, blood constituted the discharge, instead of the offensive fluid; also, on Jan. 18th. During the intervals the metrorrhagia continued about as at first. On Jan. 23d Dr. G. first saw the case, and obtained substantially the above history.

There being much fetor, and no urgent symptoms, he prescribed, as a part of the treatment, vaginal injections

of chlorate of potass, about ʒ ii. to the O i. of water. No examination allowed.

Jan. 25th. Alarming metrorrhagia occurred. On his arrival, Dr. Goodall found the lady on a trundle-bed, the pelvis elevated, the legs resting on an ordinary bed, deluged in her blood, a large quantity of which had run through the bed and stood in pools on the floor. Examination revealed the uterus enlarged, and the cervix open. He could pass one or two fingers, certainly one, into the uterus; and there felt something that he took to be secundines. It was partially detached, though mainly adherent. In endeavoring to remove it, small pieces were extracted,* which confirmed his view. After persistent efforts to get the whole away, and finding it impracticable, he tore away what had been loosened up, and removed it.

Slight metrorrhagia, aggravated by more than light exercise, obtained from this time till March 1st, when it ceased. At one time, in February, it was profuse for a very few minutes, though not alarming, and easily controlled.

About four weeks after the metrorrhagia ceased, the patient had menorrhagia, and it returned regularly till about August 1st, when the discharge became nearly natural, and continued so for about two years, only a little in excess of natural menstruation. She was in poor health, and weak through the hips, all summer. At the present time, Jan., 1870, she is suffering from some form of pelvic disease (no examination permitted), the condition being about the same as before she last conceived. The patient, after confinement with her last child, had three discharges of dark, offensive fluid, from the uterus, within the first twenty-four hours.

* The pieces removed were from one-half to three-fourths of an inch in thickness, and there were removed nearly, if not quite, an ounce, perhaps more.

She was not then under Dr. Goodall's care. In her previous pregnancies she suffered sympathetic sickness. Previous to the fall she had nausea, more troublesome than usual during former pregnancies; and subsequent to it, it was still more severe for several weeks. She had regarded herself as pregnant, from the nausea and other symptoms; but the nausea being more troublesome, and unpleasant pelvic symptoms obtaining unobserved heretofore, she claims to have feared that miscarriage would occur.

When not pregnant, she menstruated at regular periods of four weeks. Exception, period rarely five weeks, very rarely six. The exception was in no respect different from the rule, except in point of time, that being no aggravation of pain or increase in the amount of blood lost. The dark, offensive fluid discharged in the early part of this case was thought by the patient to be of the same character as that following her last confinement at term.

Dr. Goodall reported this case to the Society, as interesting scientifically, but not for this reason alone.

"A neighboring doctor (a member of my State and County Societies) had been called in to the case. He denounced the vaginal injections of chlorate of potass ʒ ii. to O i. of water as 'pooty hash,' and encouraged the belief that it caused the metrorrhagia the second day of using it (Jan. 25th). He stigmatized my treatment of the placenta as barbarous, unnecessary, and bad surgery, and to it attributed much, if not all, of the poor getting up, telling the patient that there was nothing there to remove, and it was only the lining membrane of the uterus that I was endeavoring to tear off. I thought I had good authority for my treatment of the case, and, after some labor in hunting it up, presented the references to my neighbor. He sneeringly replied

that the cases were not parallel, and the authority therefore not applicable to the case in hand.

"If you, as a Society, are willing to express your opinion upon the following questions, I should be very happy to receive it. Be it for or against me, I am not afraid of the truth in any case; and if I am in error, the sooner I find it out, the better for me and my patients. Your opinion will be received as authority on the subject.

"From the history of the case, do you think the lady was pregnant?

"Is there any placenta at six or eight weeks of gestation?

"May development or growth of the placenta continue after the death, or after the death and expulsion, of the fœtus at six or eight weeks of pregnancy?

"Were the vaginal injections of chlorate of potassa ʒ ii. to the pint of water in any respect improper?

"Was my attempt to remove the placenta judicious?

"Was a removal of a part of it good practice?

"After a reasonable effort to remove it all, was the leaving of a part of it right or wrong?"

The several questions propounded by Dr. Goodall were freely discussed by the Society, and it was thought, so far as could be judged from the report, that the lady had been pregnant and the treatment judicious. As regarded the existence of an appreciable placenta at six or eight weeks of gestation, the opinions of Dalton and others upon the subject were quoted; but there could be no doubt that the embryonic attachment might by that time be sufficiently decided to render its separation difficult, and to make it easy for a portion to remain behind.

As to the possibility of placental development after blighting or death of the fœtus, the specimen exhibited to the Society, at this meeting, by Dr. Weston, was sufficiently in proof.

Dr. Martin related several cases of excessive hemorrhage from retention of portions of placenta after an abortion or labor, at the full period; in one or two, it seemed to have been from fragments retained at a previous labor. He thought that great harm at times resulted from attempts to remove an adherent or retained placenta roughly; it was very much as in essaying to remove bullets that could not be found, or were impacted. He considered it usually best to wait till the placenta detached and presented itself in the course of time, and he had seldom had any trouble. There had been exceptions, however, to this immunity; in one of them he had met a female practitioner in consultation. This, however, was the first time that he had ever done so, and he could say that it would be the last. This person had endeavored to dilate the os by sponge tents, sufficiently to allow the introduction of the hand, within twenty-four hours after delivery. He considered that a longer interval should be allowed. He was in the habit ordinarily of employing the tampon, exhibiting ergot, and then watching the result.

If the hemorrhage were very extreme, he would, of course, attempt to remove the placental fragment at any hazard.

Dr. Sullivan inquired what the treatment should be where it was after an abortion, and the placenta so adherent that it could not be removed.

Dr. Martin could not imagine such a case.

Dr. Sullivan had, however, reported such an one at a previous meeting of the Society, where the uterus was well dilated, and the placenta could be reached. It was so completely fused with the uterine wall that it could not be removed. He did not believe it good practice to remove, in portions, a placenta retained after an

abortion, and thought it very dangerous to attempt to do so.

Dr. Martin, on the other hand, considered it advisable to get away as much as could be removed, even though it were but a part. He had happened to have an unusually large number of severe cases of the kind, from the circumstance that he resided in a neighborhood where there were many midwives, who were accustomed to send for him in any difficulty or danger. He would say, incidentally, that while he would not wish to seem to encourage criminal abortion, he thought its risk of hemorrhage overrated. He had been called in to many cases of the character, accompanied by great bleeding, but never had seen a death from this especial complication.

Dr. Weston reported a case that he had just attended, Dr. Warner seeing the case in consultation, where death from hemorrhage had been very imminent after an abortion.

Dr. Warner corroborated Dr. Weston's opinion as to the hazard in the case narrated.

Dr. Warren had repeatedly had cases at the full term where it was absolutely impossible to detect the placenta, there being no line of demarcation between it and the adjacent uterine wall. He had also seen nearly the same condition after an abortion at four months. He referred to the fact, mentioned by Dr. Martin, that the removal of the very last fragment of all of an attached placenta was the most difficult, as borne out by his own experience.

Dr. Sullivan, recurring to the case that he had reported, stated that it was there absolutely necessary to desist. He could only keep the vagina as sweet as he could by disinfectant injections, and let the placental mass slough away piecemeal. At eight weeks subse-

quent to the abortion, flooding was so severe that he had to tampon the vagina. He then dilated by sponge tents, and removed a fragment the size of a filbert, since which time the patient has done well. Ordinarily, after a few days' waiting, when the mass has become partially detached and putrid, it can be expelled by voluntary contraction of the abdominal muscles, as in straining at stool.

Dr. Warren inquired if pyæmia occurred so frequently from decomposition of the placenta after an abortion as at full term.

Dr. Storer thought this point had not been sufficiently studied. It would be recollected, with regard to the whole of this very interesting discussion, that the relative conditions of the uterus at the full term, and after an abortion, were very different, alike as regarded dilatability of the organ, and the possibility of concealed hemorrhage; the condition of the uterine walls, in respect to their muscular fibre; these being at the full term effete, and under fatty degeneration, and the chance and rapidity of involution, which was hastened and made perfect at the full term, by deviation of the circulatory force from the uterus to the mammæ by lactation; while at the same time irritation of the breasts kept up and increased, by reflex action, uterine structural change.

For the same reason, in nursing women there was less risk of puerperal metritis and peritonitis, — a fact often observed, but usually unexplained. He was inclined to think that Dr. Martin had under-estimated the frequency of deaths from hemorrhage as the result of criminal abortion. In many cases of the kind, the true character of the case was undetected, or, if understood, was kept concealed, for the sake of the surviving friends.

Dr. Storer remarked that he had had

A SECOND CASE OF REMOVAL OF A HORSESHOE PESSARY FROM THE CAVITY OF THE BLADDER,

the details of which, as the subject was of such extreme interest, he would report at another meeting.

The Committee (Drs. Sullivan, Warner, and Dutton) appointed at the last meeting to consider the communication from the Committee of gentlemen who proposed to erect a monument to the late Dr. W. T. G. Morton, of Boston, as the discoverer of practical anæsthesia, by sulphuric ether, reported the following resolutions:—

Whereas, The Gynæcological Society, of Boston, while not attributing to the late Wm. T. G. Morton, the credit of the discovery of anæsthesia from sulphuric ether, recognizes that he was in some measure instrumental in bringing that discovery before the world; and,

Whereas, The Society has been invited to co-operate with his friends in the twofold object of erecting a simple monument over his remains at Mount Auburn, and making provision for his surviving family; therefore,

Resolved, That the members of the Society, grateful to Dr. Morton for the part he bore in securing to suffering humanity the inestimable boon of anæsthesia, will cheerfully contribute, each as his means may permit, to the latter object, namely, the relief of his family.

Resolved, That the Society, as a body, will not aid in the erection of a monument which shall bear any inscription representing W. T. G. Morton, as entitled, solely or chiefly, to the honor of having made the most beneficial discovery of modern times.

Resolved, That the credit of the discovery of anæsthesia from sulphuric ether, so far as concerns the

suggestion of that especial agent, belongs to Dr. Charles T. Jackson, of this city.

An animated discussion followed the presentation of the report of the Committee, attended as it was by the statement of the grounds which had influenced its members in their decision. Many circumstances of interest relative to the first introduction of anæsthesia were mentioned by several of the gentlemen present, and finally the resolutions were passed, without a single dissenting voice.

Dr. Martin related a case, occurring in his own practice, of death from the inhalation of sulphuric ether; and stated his belief that others that had taken place in this city and its neighborhood were intentionally suppressed.

The Secretary communicated the Memorial of the National Medical Society of the District of Columbia, with reference to an alleged breach by certain physicians of that District, of the Code of Ethics of the American Medical Association.

Upon motion, it was voted that the memorial be referred by the Society to the American Medical Association, as the only proper tribunal.

Nominations were made and referred to the Committee on Membership.

Adjourned.

ON A NEW CLAMP AND SOME OTHER PECULIARITIES IN OVARIOTOMY.

By T. Lazarewitch, Kharkoff, Russia.

Professor of Midwifery and Diseases of Women, at the University of Kharkoff; Corresponding Member of the Gynæcological Society of Boston, etc.

[*Communicated to the Society, and read April 5, 1870.*]

During the year 1869, in the Lying-in-Hospital of the University of Kharkoff, I performed four operations of Ovariotomy: three were completed, and one was but attempted. I will now give a brief description of these four cases, with some peculiarities in the mode of performing the operation.

Case I. — Was that of an unmarried woman about forty years of age, but apparently much older, very thin. Circumference of abdomen one hundred and three centimetres.* Examination showed a simple cyst of the left ovary, with thin walls and uniform fluid contents, besides three solid tumors in connection with the uterus, — a large one on the right, and two small ones on the left of the cervix.

Upon March 8th, at 10 A.M., the operation was begun. The patient being placed under chloroform, I made an incision of about twelve centimetres in length in the median line about the umbilicus. I gradually separated the cyst from the surrounding parts to which it was attached, especially in the central line of the abdomen. Afterwards I punctured it with the trocar of Nelaton, and drew off the fluid contained in the large cyst, and then again the fluid contained in the adjacent small cyst. Fixing the clamp of Baker Brown upon the pedicle, I

* It will be recollected that the centimetre very nearly represents two-fifths of an English inch. — Eds.

separated the cyst with a heated cylindrical iron. The fibrinous tumor, as large as a hen's egg, connected with the right side of the neck of the uterus, I also separated, after fixing the clamp on the short and broad pedicle, with a heated iron. The other two (the larger the size of a walnut, the smaller the size of a bean) I separated from the neck of the uterus with the ecraseur of Chassaignac. The wound of the abdomen was brought together with six platinum wire sutures. The operation lasted one hour and a half.

On the fifth day after the operation the lower suture was removed; on the next day two more, and on the seventh day the rest. For a few days, purulent matter was discharged through the apertures of the lower sutures.

April 30th the patient left the hospital in perfect health.

Case II. — Patient aged sixty-five. Operation performed on May 5th, lasting an hour and twenty-five minutes. Incision thirteen centimetres in length. The tumor had a broad semicircular, membranous base, consisting chiefly of the broad ligament of the uterus; so that it was necessary to fix the clamp to the extent of twenty-six centimetres, and to act with a heated iron four times in order to separate it.

The compound cyst was as large as a man's head, with thick walls and gelatinous contents.

The patient lived thirty-one days after the operation.

Case III. — Patient aged fifty-two. Operation performed on October 30th, lasting an hour and forty-five minutes. The length of the incision when first made was twelve centimetres, but after puncturing the cyst its walls did not collapse, on account of their unusual thickness; then the incision was lengthened an additional five centimetres. The adhesions of the cyst were con-

siderably extended. The very short pedicle of the cyst was grasped with my clamp, and separated with the heated iron. The cyst was very large, multilocular, with thick sarcomatous walls, and gelatinous contents.

The patient died five days after the operation, in consequence of intussusception.

CASE IV. — Patient aged thirty. Operation performed on December 6th, and lasted one hour. The length of the incision was twelve centimetres. The cyst had thin walls, firmly adhering to the surrounding parts. Its purulent contents were discharged, and the borders of its incision were sewn up with those of the abdomen.

At the base of the cyst were two more smaller tumors, which were left unpunctured, on account of the absence of fluctuation. On autopsy they turned out to be dermoid cysts.

The patient lived only seven days after the operation.

To make the operation of Ovariotomy more easy, I have invented

1. A frame for raising the bed.
2. A chloroform inhaler.
3. A clamp.
4. A method of heating the cauterizing iron; and
5. A method of applying the sutures.

1. A table is the most convenient place for performing the operation, but the subsequent removal of the patient to the bed is attended with no small difficulty. After my Case III., the intussusception might have occurred immediately, in consequence of the extraction of so large a tumor from the abdomen; yet this might also have taken place during the removal of the patient from the table to her bed. To guard against this acci-

dent, I employed in my Case IV. a particular frame, upon which the bed was firmly placed, so that it had all the advantages of an operating table, as shown in the

above cut. After the operation, the bed was carefully removed from the frame and placed upon the floor.

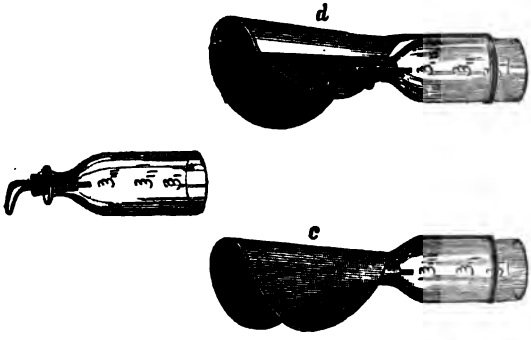
For the iron bedstead with six legs, I made two supports, each consisting of two boards firmly joined at the corners and provided with three stout feet. Over these feet are holes, into which those of the bedstead are inserted. The bedstead is not placed upon the frame until the chloroform begins to act.

The patient is covered with oil-cloth, in which an oval aperture is made, and the margin of which is attached by sticking-plaster to the abdomen. The result is that the patient, linen, and bed are not liable to be stained by the blood, the contents of the cyst, and other fluids.

2. My chloroform inhaler consists of the following parts: (*a*) a bottle, in the neck of which is placed a cork with a glass tube, curved, and terminated by a small aperture, and (*c*) a metallic frame, over which is drawn chamois leather and flannel. Between them is placed the curved glass tube (*d*).

The bottle, held in one hand, is used in such a manner that the frame, forming, with the leather and flannel

drawn over it, a kind of curved screen, is applied to the patient's nose. When the bottom of the bottle is raised



the chloroform, passing from the glass tube, drops upon the flannel and moistens it.

The advantages of my chloroform inhaler are the following:—

(*a*) Only one hand is necessary in administering the chloroform; and, therefore, the other is at liberty to feel the pulse.

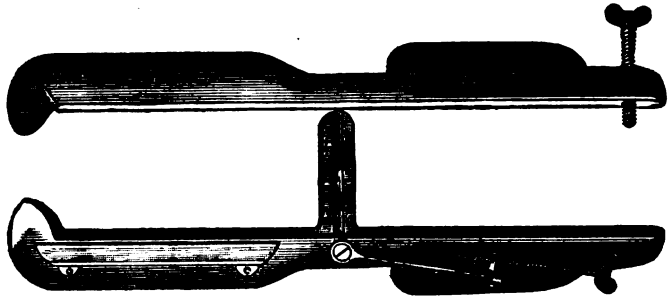
(*b*) With this inhaler there is no waste of chloroform, and the quantity used is marked upon the bottle.

3. Before beginning my first operation in Ovariotomy, I examined all the clamps known to me, and found Baker Brown's the most convenient. It appeared to me simple and solid ; and furthermore, the pression sides in most cases were capable of compressing the ovarian pedicle very well.

After using this clamp in my two first cases, I found in it the following defects: (*a*) the irregular, not sufficiently rounded, form of its jointed extremity ; (*b*) its inconvenient mode of junction, and (*c*) its opposite sides not being parallel.

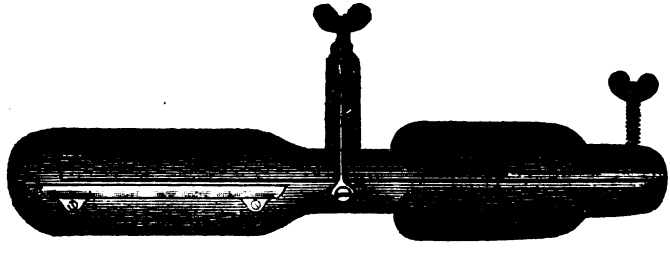
After many vain attempts to construct a new clamp, which might have the advantages of Baker Brown's and none of the above defects, I at length succeeded.

In my Case III., my clamp proved to be perfectly convenient. It consists of two parts, each furnished



with a handle covered with wood. The blades of the instruments have curved extremities for the purpose of grasping the pedicle of the cyst. These extremities, on closing the instrument, fit one into the other, and then the extremity of the clamp assumes a rounded form. The compressing sides of the blades are unequal, with small indentations, and it is in length eight centimetres, and in breadth, 0.7c.

The two halves of the instrument are jointed together by a lock similar to that of my forceps.* The lock consists of a flat piece of strong steel, with a rounded extremity, which is fastened into the left half of the instru-



ment. In the corresponding place of the right half is an aperture, the entrance of which is somewhat broader.

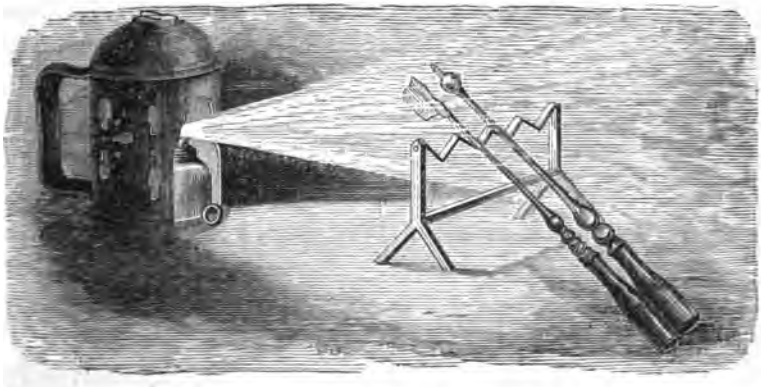
* Described and figured in the Report upon Instruments, published by the Obstetrical Society of London, 1867, p. 95.

Into this aperture the rounded extremity of the left half of the lock enters very easily. Such a method of closing is very convenient, because the two halves of the instrument are brought together at once into one plane.

The blades are compressed by means of a screw, which passes through a nut, turning on a swivel at the extremity of a steel shank fixed to the middle of the left half of the clamp. On using the instrument, the shank, with the screw, lies upon the handle; and when the two halves of the clamp are joined, the screw is brought perpendicular to them. On turning the screw the two halves are pressed together.

To keep the edges of the clamp more or less parallel, another screw is fixed to the extremity of the right handle. This screw I term a Regulator, because, by using it, when the blades are not parallel, their extremities are brought together.

By turning the two screws, one after another, the pedicle of the cyst is grasped very firmly. The finest and smoothest paper grasped in my clamp cannot be



drawn out of it, even in particles, and the compressed part of the paper is marked by the indentations of the compressing sides.

4. For cauterization, I use a prismatic iron, which has rounded edges and corners, and a pointed one. In the Hospital for Women, during the last two years, I have heated the irons by a lamp such as is commonly used with us for melting metals. Its flame is long and broad enough to heat two irons at the same time, placed upon a metallic stand, as shown upon the previous page. During the operation of Ovariotomy, two such lamps may be used.

5. For closing the wound of the abdomen, I have found metallic sutures the most convenient. For this purpose I determined to use platinum wire, as being the most durable, and also the most suitable on account of its flexibility, and its not being liable to oxidation. Platinum wire will not be found too expensive, if we take into consideration the importance of the operation, and that the pieces of such wire, if collected afterwards, do not lose their value, but may be worked up again into new wire. In each of the above cases of Ovariotomy, I certainly found that platinum wire, on account of its flexibility, was easily applied, twisted readily, and not being liable to oxidation, its surface always remained smooth, so that it was easily drawn out of the wound when healed.

I introduce the platinum sutures at a distance from the edges of the wound according to the thickness of the abdominal walls. So that in the first two cases, where the abdominal walls were thin, I introduced them at a distance of 1.5c. from the edges of the wound; and in the third case, where the abdominal walls were thick, at a distance of about two centimetres.

Before the operation, I ascertained pretty correctly the thickness of the abdominal walls, by pinching them up between the fingers.

THE RELATIONS OF THE FEMALE SEXUAL ORGANS TO MENTAL DISEASE.*

By Prof. Louis Mayer, of Berlin. Translated by George H. Bixby, with Notes by Horatio R. Storer.

[*Read before the Society, March* 1, 1870.]

II.

In the previous article there were discussed the general relations of pelvic disease and mental derangement in women, and it was stated that attention would be given, successively, to the influence of sexual excitements in childhood, and the disturbances of uterine function during sexual development, and at and after the climacteric.

I. THE INFLUENCES OF SEXUAL EXCITEMENT UPON THE MIND IN CHILDHOOD.

Irritations of the genital organs, in girls as well as in boys, are for the most part to be traced to the frequent nervous excitement and disturbance of the circulation, produced by ascarides and obstruction of the intestinal and urinary canals, which may be developed, increased, and, in fact, superinduced by a want of cleanliness, by unsuitable clothing, etc. We may mention here, also, the injurious practices resorted to for quieting infants, such as violent dangling, tossing, beating the back, and rocking; also various later amusements and movements of children, which produce direct and protracted irritation of the genitals, — such as riding astride a stick and upon rocking-horses, swinging, etc. It cannot be doubted that in this manner the commencement of an

* Continued from this Journal, May, 1870, p. 304.

excessive sensibility is laid, which waxes with the child, and interrupts the unfolding of a pure, womanly character and a free and healthy growth of the mind; especially if to these influences are added improper modes of culture and education. Very frequently these evils become a most important cause of sexual irritation, in assuming the form of masturbation. Masturbation may, without doubt, be the outcropping of an hereditary morbid state of the mind, which is indicated by various vicious propensities, want of moral instinct, aversion to mental and regular bodily exercise, etc., and which, under certain circumstances, with advancing age, induces actual intellectual debility, idiocy, insanity, etc. The inclination to masturbation is in such cases innate, and the practice itself places the genitals in a condition of unnatural excitement, and produces morbid conditions which increase the original propensity to the habit, and may exert a reflex morbid effect upon the mind, as in the following case.

Case I.—M. H., aged nine years, the illegitimate child of a prostitute, was adopted, when an infant, by a respectable family, who were childless. In spite of the most careful training, she exhibited very early an excessive propensity to all manner of vice; evinced neither affection nor attachment for those who had cared for her; would lie and steal; possessed a violent temper; was stubborn, sullen, and lazy. She commenced the excessive practice of self-abuse as early as her sixth year, by rubbing the parts, either with her hands or other objects, often until they bled. Until then she had been strong and healthy; after that, she began to emaciate, became wretched and listless, with loss of appetite, headache, and extreme restlessness. She became, also, shy, and at times delirious. The genitals were highly inflamed and swollen, and at times completely denuded. The

labia majora were slightly developed, but the clitoris was three-quarters of an inch long; the nymphæ were also proportionally enlarged. The orifice of the vagina was highly inflamed, with difficulty admitting the point of the little finger. Every means was employed to induce the child to abandon the habit, and she was finally sent to a Reform School.

On the other hand, it cannot be denied that even in children with perfectly healthy minds, the inclination to the practice of self-abuse can be awakened at a very early age, either through mental causes, improper modes of training, occupation, etc., or through physical causes, as erythema, ascarides, etc.

It is necessary, according as the inclination to masturbation appears, either as a mental predisposition, or as the consequence of evil practices after birth, to recognize the gradual difference in the force of the inclination to the evil, and its practice, as well as in the stubbornness with which it defies educational influences. At all events, injurious effects upon the mind will be more readily produced, when the habit is the result of morbid predisposition, than in the case of a perfectly healthy mind. As a general thing, in the absence of unfavorable complications, self-abuse, when practised to a moderate degree, may continue a long time without injury to the mind or body. On the other hand, the excessive practice of the habit begins already at an early period to undermine the bodily and mental health. An explanation of this may be found in the fact that the nervous centres, through the nerves of sensation which are constantly under pleasurable excitement, in connection with the determination of blood to the sexual parts, are kept in a condition of continual stimulation, which superinduces reflex and irradiating phenomena in the action of all the nerves, and which may be the more effec-

tive, in that it does not consist of nervous tension, but is attended with intense reaction of the circulation, anæmia, hyperæmia, etc.

The effects of masturbation upon the mind are the more terrible the earlier it is practised. The dispositions of children are reversed; they evince evil propensities, mental weakness, morbid directions of the feelings and will; they lose their vivacity, frankness, and docility, become shy, incommunicative, listless, sad, and despondent, and have an aversion to the plays and society of their mates. They experience, even at the tenderest age, the evil of this fatal habit. They practise it in secret, and interrupt the act on discovery.

Case II. A girl, scarcely a year old, the child of respectable parents, before it could walk or talk, practised self-abuse by rubbing her thighs together, and moving the bed linen up and down. This was most frequently done when away from home, even for a single night, when she thought no one was watching her. She appeared frightened the moment any one discovered her, and interrupted the act. In this case the parts exhibited no change, nor were there observed any injurious effects upon the mind.

Case III. — H. W., nine years old, native of Berlin, small and thin, but with a ruddy face, fresh and bright expression of countenance, and with mind healthy, of a lively temperament, good disposition and inclination, is diligent, learns with ease and delight, has a good memory, and is very docile. She has been suffering, ever since her first year, from ascarides, and has masturbated since she began to walk. She seizes fast hold of objects, brings both thighs together, and moves them up and down for some minutes. The sexual excitement is followed by languor. Recovery from the ascarides, and educational influences, have produced marked re-

LIBRARY

sults in this case, and the child, in spite of eight years' practice, is fast recovering.

CASE IV.—A. K., nine years old, robust, well trained; the child of parents belonging to the higher classes, was lively and without evil propensities, and sound in mind and body. She commenced attending school when eight years old. Since then she has become thin and pale; all of which was ascribed to the fatigue arising from her tasks at school. One morning, at the table, there was observed in the child's countenance a staring expression, with cheeks quite flushed. Very soon afterwards a general languor followed; to such a degree that the child sank back into the chair as if dead. Upon examination, it was ascertained that the child had masturbated every night for a year, and often during the day, by forcibly rubbing her thighs together, when her hands could not conveniently reach the parts. She had been taught by her companions. She became pale, as remarked above, but not emaciated, nor lazy, nor was her mind affected. She was studious, possessed a good memory, and continued diligent and lively. No abnormal affection of the parts ensued, and by strict care and perseverance she was finally entirely broken of the habit.

Moderate masturbation only produces temporary inflammation and swelling of the parts; a continuance of it may cause permanently morbid conditions of the sexual organs, such as chronic catarrh of the vulva, vagina and urethra, and peculiar disturbances in the growth of the external parts; prominent among which is an abnormal development of the clitoris and nymphæ. The vulva acquires hereby a peculiar appearance, which is observable far into old age. The internal organs suffer but little, except sympathetically, in consequence of the diseased state of the external. The evil effect of dis-

eased genital organs, on the mind, generally assumes its importance in the years of sexual maturity, and is consequently not conspicuous in childhood, on account of the limited functions of those organs before puberty. In the following cases, I will give a few instances of pathological change of the external genitals, arising from masturbation, with and without any considerable mental and physical deviation.

Case V.—V. L., five years of age, was, up to her fourth year, a strong, healthy girl. She was robust, active, and precocious, and had been well trained. A year ago she commenced to lose flesh, became pale and languid, complained of loss of appetite, and was often troubled in voiding her urine. She suffered also from blenorrhœa. At the death of her mother, she was placed in charge of a sensible and conscientious young woman, who for a long time noticed that the child had an extraordinary attachment for an older brother. She surprised the children in the act of masturbating each other. In spite of close watching, she acquired the habit of using not only her hands, but toys, pieces of furniture, or anything she could lay hold of, by which the parts were rubbed and excited. The result was that the child became emaciated, grew dull, sullen, melancholy, and obstinate. All threats and warnings proved futile. At the present writing she is somewhat rid of the habit, but her disposition is ruined. The labia are atrophied; the nymphæ and clitoris turgid and prominent; the hymen appears as hard as cartilage; the vaginal opening and perineum are covered with a purulent secretion.

Case VI.—A lively and healthy girl, three years old, with a frank and winning demeanor, commenced in her first year to hide herself, together with another child, in dark corners, and behind chests, etc. The

suspicions of the mother led her to examine the child. She found, several times, the parts covered with sand. She learned, further, that her playmate had rubbed them with her finger, covered with sand. From that time the child began to masturbate violently; became pale and emaciated, avoided the ordinary plays of children, was dull, and often sat sullenly by herself. The genitals presented the same appearance as in the cases already described.

Masturbation acquires, at a later period of girlhood, and still more in later years, great significance as an important element among the exciting causes of mental affections, and that, too, through the consciousness of the wrongfulness of the habit; while in earlier years, as mentioned above, the mind of the child is conscious only of the instinctive wrong of the habit, and that acquired, possibly, through fear of punishment. There begins, with the real conviction of the harmfulness of the habit, a constantly renewed struggle, resulting in mental depression, listlessness, religious mania, nymphomania, etc., etc.

(*To be continued.*)

NOTE BY DR. STORER.—When, in 1867, at the request of Prof. Theophilus Parvin, of Indianapolis, probably the most accomplished gynæcologist of the West, I prepared a paper upon "Self-Abuse in Women," and published it in his Journal, I was assailed in several quarters by a torrent of invective, as though I had done a very improper thing. I was told, that granting the truth was as I had stated it, it should not be told. Till now I have made no answer. Since Mayer, however, has followed the lead

then given, and his experience is found to be identical, I may refer to the fact that an authority of equal weight, Prof. Brown-Séquard, took occasion at the time to assure me that he thoroughly coincided in my views, and that they were in no sense overdrawn or exaggerated, and shortly after to refer to them in one of his own contributions to neurological science.* For the edification of those who may not already have seen my memoir, I extract so much of it as bears upon the frequency and causation of self-abuse in females. It will be found that the subject, in one or another of its relations, has been discussed at meetings of the Gynæcological Society, the minutes of which will in due time, be published, and the value of the new pathognomonic sign of the habit, suggested to the Society by one of its Active Members, Prof. H. M. Field, of Dartmouth College, will no doubt be tested by many of the profession. In speaking of self-abuse, I remarked that

"It was my own belief that, even at the present moment, the subject is very generally misinterpreted, is as frequently treated upon erroneous principles of practice, and is too often entirely overlooked.

"Now, I venture to say at the outset that self-abuse in women is not of rare occurrence; that it prevails alike in those who are married and who are unmarried; in the young and in the old; that it is not necessarily a vice, nor primary, but that it may be the result of physical causes, and therefore less amenable to moral than to physical treatment; that it is not always a sign of partial insanity, its effect or its cause; that while far less frequently than in the male productive of extreme nervous exhaustion, it is even more frequently than in him productive of partial or extreme nervous irritation, explaining many of the cases of so-called hysteria; and that in many instances the habit initiates from no normal or abnormal longing of the woman's own heart, from no direct or indirect physical sensation upon her part, from no endeavor to simulate previous sexual inter-

* Lectures on the Diagnosis and Treatment of Functional Nervous Affections. Part I., 1868, p. 30.

course had with husband or lover, but from manual caresses conferred by some half-timid man, or from the measures injudiciously or too frequently employed, however honestly, by a medical attendant, or from certain legitimate and very common employments of life, such, for instance, as the use of the sewing-machine.

"It may be permitted me here to say, that the views I shall present are the result, not of thought alone, but of many hundreds of confessions, and many years' observation of sick women. I acknowledge freely that the statements of women concerning sexual matters are often to be received with extreme caution; but I would call attention, on the other hand, to the fact that here, as elsewhere, a single positive case outweighs very many negative ones. With reference to the frequency of the habit to which I am alluding, it is as with the somewhat co-relative question of the frequency of criminal abortion. Both of them are matters of very delicate character; concerning both of them, physician and patient would gladly preserve silence, were it not that by this means the evils referred to, with all their train of deplorable results, would be sure to proceed unchecked. The frequency of unjustifiable abortion is now recognized by every medical man, and reform is rapidly taking place. Ten years ago, however, the situation was very different. Upon my directing the attention of the profession to the matter in a paper read before the Suffolk District Medical Society, at Boston, I think in 1856, I presented tables based upon confessions made to me within a given time by patients, said patients being married, well-to-do in life, and professing, for the most part, to hold by the tenets of religion. In answer to my paper, the evidence of which was irresistible, one of our oldest and most influential physicians, at that time Professor in Harvard University, felt called upon to express his astonishment and doubt, inasmuch as, during some forty years or more of practice, he had never known a single case of criminal abortion. The method of adjustment of our divergent experience I commend to the attention of all who may suppose that self-abuse is comparatively unknown among women. My statements to the Society, as I have said, were based upon the confessions of patients. I asked the gentleman if, during his long experience, he had ever questioned a woman if her abortion had been an intentional one. 'I consider, sir, that I should have insulted her by so doing,' was the reply. To obtain positive evidence in these matters, the physician must seek it; obtained, as I have said, the experience of the seeker will outweigh that of all those who cross over and pass on the other side, without inquiry.

"But it will be said, as many have remarked to me, that women

will not confess these habits, even where there is no doubt that they exist. This, however, is, in fact, an error. No woman, of course, who values the respect of her physician, would confess of her own accord to what is too generally esteemed an unpardonable vice. If, however, that physician, viewing the subject in the light in which I shall endeavor to place it, approaches it intelligently, and shows that he considers it, as undoubtedly it often is, a simple matter of physical disease, to be judged of, conversed of, and treated as any other, he will find that every woman of delicacy and refinement will truthfully reply to the questions he may think it necessary to put. Indelicacy in the physician lies rather in ignoring these pains, and aches, and sufferings, these problems that lie beneath all social life and all domestic happiness, than in sensibly studying their phenomena, and throwing upon them the light of science.

"I have said that self-abuse, in many cases, is not a vice, but the result of disease. It is often but the symptom of disease. This is true, sometimes, of the same habit in our own sex, just as it is true of that sense of congestion, whether physical in its appreciation or mental, which impels men who have been previously accustomed to it, towards sexual intercourse. The irritation of ascarides in the rectum, of hemorrhoids, of anal fissures, of constipation, of varicocele, of enlarged prostate, and of vesical calculus, are each of them the cause of uneasiness, of priapism, of sexual desire. To relieve the sensations, reflex or direct, that are thus occasioned, suggestions enter the mind that are frequently uncontrollable. Of the causes mentioned, there are several that are equally present in the female; constipation and hemorrhoids, and perhaps anal fissures,* are even more frequently so. To them must be added others; a vast variety of leucorrhœal discharges, and the menstrual flux, each of them at times sufficiently irritating to produce blennorrhœa in the male, which by no test yet known, can be diagnosticated from the true gonorrheal virus, together with so many forms of vulval, vaginal, vesical, uterine, and ovarian disease, all of them liable to be attended with extreme reflex and neuralgic irritation, that we have good reason to be thankful that we are not ourselves of the female sex. I have no doubt whatever that the nymphal or clitoridal sensation is, at times, as purely reflex as the characteristic pain at the extremity of the penis, that may attend calculus in the male, for I have studied the symptoms in very many women. If this be the case, the patient is a fitter subject by far for medical treatment than for the mad-house

* See Observations and Cases in Surgery, by J. Mason Warren, Boston, 1867.

or nunnery; and yet I have known both of these latter methods resorted to instead of the first.

"I have said that self-abuse in the female, even though in an extreme, is not necessarily a sign of insanity. I have repeatedly known women to tear their flesh with their nails, in the vain attempt to eradicate a sensation whose origin could not thus be reached. It will be allowed by those familiar with the subject, that we have several classes of masturbators, — those who endeavor to relieve themselves from pain, those who endeavor to prevent pain, and those who endeavor to awake or prolong a sensation of pleasure. All these conditions may, and frequently do, run into each other. The procedure, commenced as it were in self-defence, may easily verge into voluptuous self-abandonment, and sometimes pain and pleasure are so nearly identical that they cannot be contradistinguished. Upon the other hand, I have observed instances where the habit has been constant, and yet no libidinous desire has ever been present. Two of these cases I will instance; they are types of classes which comprise a vast range between them. One of these patients is a young child, now seven years old; of very respectable stock, with no hereditary taint of mental disturbance, or excessive carnal desire. I was first consulted about this case some six weeks or two months ago, the mother being under my charge for pelvic cellulitis. The little child when *less than six months* old, was observed to be constantly directing her hands towards the pudenda; mittens, and straps to the arms, were resorted to without avail. The habit has steadily increased, and, until the time I was consulted, the unfortunate child, old enough to appreciate her mother's grief and persuasive entreaties, and though evidently making a strong effort to control herself, so constantly yielded to the uncontrollable impulse even in the presence of others, that it has been necessary to keep her alike from school and from society. Now here the habit originated long before the child could have learned it from others. It was owing to the presence of ascarides in the rectum, and perhaps in the vagina also, for they occasionally cross the perineal barrier. The other instance to which I have referred is that of a young lady, some thirty years of age, of highly cultivated mind, and great personal beauty. In consequence of uterine disease, of which it was merely a symptom, the pruritus assumed such intensity that it was thought necessary to remove her to an insane asylum; and here, for I have it from the lips of the superintendent who had charge of her, the local irritation was so excessive that the poor girl, confined by the camisole, would yet rub herself upon her heel, and this openly and before the medical attendants. The symptom in this case I have long since removed by appro-

priate treatment, but the point to which I would refer is an important one. There was here, despite all the irritability that I have described, a sexual apathy. While still unrelieved of her suffering, the patient had opportunity of coitus with a person for whom she had a strong personal attachment, and under circumstances which rendered it almost impossible for the fact to have become known. She was told that pregnancy might be prevented, and probably believed it, as I have the same statement from herself and the other party, who was unconnected with the asylum at which she had been resident; and yet she felt not the slightest sexual inclination. Moral principle was unable to prevent the self-abuse, and it is improbable that it was moral principle alone that prevented the yielding to a more natural instinct.

"It will be said, undoubtedly, that what I have now described is simply what obtains in the male under similar circumstances. I think, however, that this is not the case. The male, under almost all circumstances, can, if he desires, find women who will allow him to cohabit with them. Self-abuse with him, is, in the vast majority of instances, not so much owing to lack of opportunity for more normal self-gratification, as to an aberration of instinct — often, undoubtedly, as in the female, of reflex causation. With women, on the contrary, there being an excess of them in the older States, there often exists not merely an entire lack of the opportunity referred to, but, in a far greater proportion of them than is generally supposed, complete sexual apathy, an utter lack of desire, under any and all circumstances. With them the excess of instinct is towards their children after birth, therein differing strongly from our own sex, who are rather planters than reapers.

"I make this statement deliberately, and after free conversation with a great many women upon this subject. I am fully aware of its delicacy, but I am also convinced that in this direction lies the only solution of many maladies that we are called upon to treat. Women are constantly allowed by their medical attendants to suffer for years for want of simple questions being put to them about matters concerning which the patient will readily answer, but which they naturally feel it might seem indelicate for them to broach themselves.

"I do not, with my friend (the late) Dr. Fonerden, of Baltimore, the intelligent superintendent of one of the insane asylums of that city, think that almost every case of mental disturbance originates from, or is exacerbated by, self-abuse. We all know that in women this is not accompanied by the exhausting discharge that attends its indulgence in men; but I am sure that every physician who investigates the subject as I have done, will find that its effects, just as its

frequency, have been much underrated. It accompanies, both as a symptom and as a cause, many of the apparently inexplicable and intractable cases of long confinement to the couch; it explains many a fitful temper, many a restless disposition, many a suicide. One instance, at least, of the latter, I have seen in practice. Not only have oral confessions, as to the other results, been made to me by very many patients, but I have received letters upon the subject from other invalids whom I shall probably never see.

"Of late, the clergy, in the matter of arresting the spread of abortion, and the correlative evil of preventing pregnancy in the married, have taken a manly stand in aid of the efforts of our profession. The writings of the Rev. Drs. Todd, of Massachusetts, and Edson, of Chicago, have been pioneer to a mass of literature upon the subject. The matter which I am now discussing is a much more difficult one to entrust to saintly advisers. That even here, however, they are ready for the good work, is proved from the following extracts from a letter written to me by a prominent clergyman in Illinois: —

"'Grateful for your plain, manly statements concerning abortion, I cannot refrain from asking a question upon a kindred subject. There is a vast evil which is ruining both young women and young men. Of course you are familiar with it. I refer to self-abuse, and particularly in young women. I know not to what extent this is carried in other places, but it is an alarming evil in this vicinity. Within the bounds of my parish (I am trying to fight, in word and deed, all forms of evil) there are no less than *four* young women whose physical and mental vigor are entirely wasted, and who, if they do not die from its effects, must lead miserable lives, a burden to themselves and every one else.

"'One of these young women says that this is a common practice with girls of all classes, illiterate and educated, vulgar and refined; and that most, if not all, of them imagine no evil in it, until they learn by sad experience.

"'You have taken a noble stand regarding 'fashionable murder.' If you have any such attack on physical, mental, and moral suicide, I wish to obtain it. If not one of your own, can you tell me where I can find something that I can, with perfect propriety (I am not over-fastidious), give to young women, and circulate freely among them? If there is no such book, would it not be doing a good work, blessing humanity and serving God, to take steps for its preparation? Physicians must do this, but all good men will back them in it.'" *

* On Self-Abuse in Women, its Causation and Rational Treatment. Western Journal of Medicine, August, 1869, p. 450.

EDITORIAL NOTES.

To write an obituary notice of a living man is ever a thankless task. Still more so must this be the case when the attitude of the recipient of the compliment toward its sender has been such as to render his last sad offices seem, however unjustly, to savor of sarcasm, or, that worst of offences at a funeral, insincerity.

On Thursday, June 30th, 1870, in this city, there dropped unexpectedly from the editorial firmament,* what has been considered by its admirers the wonderful Star of the East. Without premonition of any kind, and against every prediction of the professional almanac, down it came, with a dead weight, that has carried it into the ground, far out of sight. This effect seems to have been, from mere vis inertiæ, a heavy, lifeless fall, — not that of a meteor, but rather one of the pseudo-aerolites of the Fourth of July, which goes up a rocket, and comes down a stick.

He has vanished. The pages of his past, sparkling, as the profession had a right to expect that they should, with the coruscations characteristic of an elegant leisure; using wealth, education, inherent intellectual brightness, and a manly, generous disposition, only for the benefit of others, and never for narrow, sinister, or selfish ends, — will ever remind us of the dear departed. They present, what the many readers of "Alice's Adventures in Wonderland"† will remember as the most tantalizing of conceivable deprivations, the feline "grin without the cat."

To us, the loss is an inconsolable one. We had hoped,

* Boston Medical and Surgical Journal. New Series, Vol. v., No. 26, p. 494.

† A book as amusing to old as to little people. Published by Lee & Shepard. No one should fail to see the illustration to which we have referred.

for years yet, of the reasonable and true enjoyment that the contemplation of him, his intellectual feats, and his generous acts, has hitherto afforded us. But it seems that this was not to be. Like a brave general upon the battle-field, at the time of the most imminent peril he has crept to the rear, and there, without confession of wound, he has given up the editorial ghost.

In succeeding the martyred P——, as the responsible editor of the "Boston Medical and Surgical Journal," Dr. Francis H. Brown has assumed a task that we fear will require more than his acknowledged very excellent ability. Steadily slipping behindhand for many years in its hold upon professional opinion, save during the short, but brilliant period when Dr. Cheever, by his own great personal force, almost unaided, endeavored to galvanize it into life again, and gave up in despair, finding the task impossible,—the mouthpiece of the "Boston School" has shared the fortunes of its virtual directors, and our friend shows a heroism worthy a better cause, when he becomes the calker at sea of a sinking ship.

The owners of the "Journal," who are also its publishers, and are not themselves of the profession, have taken the only step that can possibly save them; but we fear that it comes too late. When prestige has gone, one notices threadbare garments which were lost sight of while a crown overtopped them. They have at once ejected the editor who had publicly so prided himself upon being a cheaply* purchased tool, though it is

* "We hardly know," he said, "how to express our thanks for the invaluable gift (the Catalogue of the Anatomical Museum) that has come to us addressed as 'from the Medical Faculty of Harvard University.'" Boston Medical and Surgical Journal, June 19, 1870, p. 466.

only right to suppose that his publishers endorsed, so long as they dared, his policy, and they have thrown to the winds a portion of those precious dogmas that have hitherto been the only password to support and to position, to fortune and to fame, here in Boston. Dr. Brown has done well in acknowledging the power that specialism in medicine has now acquired.* A skilled especialist himself, he could do no otherwise. He has uttered, moreover, brave words, when he avows independence of the clique and school, and disclaims all intention of acknowledging personal issues. With the experience that he has had as the founder of the Children's Hospital, of the selfishness and arrogance, and accustomed descent to personal animosities, of that clique and school, he could say no less. Thus far he is in accord with the mass of the physicians of New England. He had no need to study the professional pulse, for it therein beat with his own. If he stops here, however, as in his second issue † he asks to do, he but half completes his work. There is not merely the future to make, but the past to atone for; not a commencement with fair white sheets of paper, but a blotted file to cleanse or burn. He is no longer Dr. B., with merely an honorable, unspotted private record, but the editor of the B. M. & S. J., with its printed history to boast or be ashamed of.

This is a matter not concerning himself alone; it lies an unsightly nuisance of green, unburied bones between him and the profession. He carries the spade, and they disinfectants; one or the other of the twain must be applied. He may say that matters of the past are no affairs of his; that he is but a hired servant in the hands of his publishers, and as likely as his predecessors

* Boston Medical and Surgical Journal, July 7, 1870, p. 11. † Ibid., July 14, 1870, p. 27.

to be thrown as a sop to that Cerberus, the advancing spirit of the profession. Did those publishers, however, imagine, and yet judging from the past they were probably blind enough to do so, that the long series of insults to the general professional intelligence, culminating in the late attempt at whitewashing Prof. B., of Harvard College, could be forever indulged in with impunity to themselves? Public sentiment, thus outraged, is like individual honor. It acknowledges no half-way measures, like the persuading a good fellow, whom no gentleman could like even to seem to injure, to an editor's chair. In such an issue, there can only be an unconditional surrender. What, however, the Messrs. Clapp have already yielded is an acknowledgment of defeat. The besiegers are now within their fort.

It will have been perceived by our last paragraph that we would not be thought to approve of personalities, even in the way of discipline. The calling of exact names, even for the conferring of honor, is a habit that we have never approved of, and, besides, it would be wicked in these dog-days of August to attach such resounding metal to any vertebral appendage. A moral is always easily enough to be pointed.

We have been a good deal amused by a letter formally sent to the Gynæcological Society by one of the oldest professors in the Medical School of this city; upon the reflections against the Society, contained in which, a committee of its members, appointed for the purpose, have as formally returned their opinion. Whether or not the seemingly official document was intended to express the feelings of the whole Faculty, we do not know, and it don't much matter. However this may be,

the letter distinctly states that it was inspired by what occurred at the annual meeting of the Massachusetts Medical Society, when, as will be well recollected, that Society, partly at the instigation of the Gynæcological, took from the diploma of the Harvard School its undue advantage over those of every other college in this country, and expelled the horde of its graduates, who, under cover of that hitherto omnipotent document, "had chosen to walk in the paths of pseudo-science."* We do not wonder that the classic lips in Grove Street dislike to drink that gall.

We shall endeavor to outvie in courtesy the venerable gentleman, and to strip from the shoulders that have hitherto borne them what have seemed in the eyes of the profession grievous loads. It cannot have been this person who so unwarrantably, and, had he been younger, one would have said ignorantly, defamed Prof. Oppolzer,† and was so efficiently answered by his younger associate in the Medical School.‡ But the lion has lain down again with his lamb, as has been almost always the case in that happy family; where the demonstrator of anatomy, menaced by the digester of Prof. Sanborn's views upon Ununited Fracture, turns the tables upon their central point, and dictates the promotion that he at once received; where one lecturer calls attention in print to another lecturer's ophthalmological wisdom;§ where the discoverer of the "oscilla-

* Ibid., May 19, 1870, p. 382. As we foretold would be the case, the Journal referred to is endeavoring, in the evident interest of the college, to persuade the Fellows of the Massachusetts Medical Society that what has been done cannot be done. Sympathizers with quackery, as the gentlemen in this city who consult with irregular practitioners would seem to be, would be very likely to call the battle which has successfully been fought, "unconstitutional" and improper. See Boston Medical and Surgical Journal, July 28, 1870, p. 59.

† Ibid., January 27, 1870, p. 63.

‡ Ibid., April 29, 1869, p. 207.

§ Ibid., March 25, 1869, p. 136.

tory wave of the subclavian vein," — according to Tardieu, the "most curious" suggestion of all medico-legal science, — dictates the expulsion of an antagonist first attacked by himself, whose attempt at obtaining a fair hearing he pronounces "a sudden fit of mental aberration;" and whence his own Rip Van Winkle of physiological lore periodically emerges, as the clown of the professional circus, — the glittering harlequin to amuse metaphysical babes, — the very, very expert performer at religious thimblerigging,* — with the most extensive local reputation of all poetasters, the least egotistic of men, and therefore applying the term with the best of grace to others, — a propounder of "penance" and a doer thereof, — with a cap and bells, at olden courts, this greatest of intellectual pigmies would have been worth his weight in diamonds.

From that shining galaxy it was that a late Professor of Obstetrics and Medical Jurisprudence, indignant at the injustice done to his son for simply speaking the truth, would four years ago have severed himself. Persuaded against his wish to remain, lest his resignation, so it was pleaded, might injure the University, and blinded by evil wiles to the fact that his silence and his tarry were interpreted, as it was intended that they should be, in condemnation of that son's course, he for the time tied the hands that were lifted in self-defence; for a blow then struck would have seemed parricidal. Thence at last, but none too late, the father has emerged, and the son's hands, none the weaker for their enforced delay, are again free.

As members of the press, we combat only for the Right. Individual experience, as we have said of our fresh contemporary, Dr. Brown, gives men a more

* Vide "Elsie Venner"; "The Guardian Angel," etc.

lively understanding of the needs, actual or possible, of their constituents. As we stated long ago, we recognize no personality in those whom we expose. They are either "unfortunate patients requiring the probe, or still more unfortunate delinquents demanding discipline."

WHAT WILL THEY DO WITH IT? is the question we are daily asked, by letter or otherwise, concerning the Harvard Faculty, and the case of Prof. Buckingham; and we reply, as regularly, that it will undoubtedly continue to wear the Case round its neck as an ornament or in defiance, while all the while the lapse of time, in default of an explanation, is making the suspicion heavier and heavier, till like as by a mill-stone the college is crushed.

If the school can afford this delay, so can the profession at large. The community, it is true, have already become disastrously influenced as against their medical advisers; for if this, it is generally very plausibly argued, were the representative obstetrician, what in the name of humanity must be the ordinary average of practitioners? And there is growing a very visible tendency to trust parturition to the unwatched powers of nature, rather than employ attendants who are charged in effect with practising meddlesome midwifery, covering unpardonably uncombated bleeding to death by the technical term of "shock," and calling post-partum hemorrhage, ordinary "placenta prævia," and seem to decline to take every possible means to refute an imputation of so grave a description.

If Dr. Brown cannot be induced to publish in his

Journal, the explanation that it has been understood has been read before the Boston Obstetrical Society, we place our pages at the disposal of the parties interested. We sincerely hope for their sake, and that of the profession, that some such step will be taken. One thing is certain, — an explanation, and a satisfactory one too, must be given, or else that Power, which it was decided at Washington has control even over the colleges, will apply as severe discipline to his apologists as has been wreaked upon the individual offender by the supposed sufferer.

WITH THE CASE, had been asked, what will be done? The same query is already applied, in default of the explanation to which we have just alluded, to the again practically vacant chair. Among the physicians in this city, there is one for whom, till now, we have constantly labored, both with and without his knowledge. A Scotchman, and during a session Simpson's class assistant,— brave apparently, and till it was possible that by another's manliness he might become the successor of Prof. B., — he stood shoulder to shoulder with ourselves in the fray of 1867, when certain gay deceivers here went down before the American Medical Association. Offered a bribe to desert us then, he spurned it, and thereby won our higher respect and affection, and the hatred of those to whom we have alluded. We have more than once in these pages, by name, attempted to do him honor.

We regret that he has now compelled us to turn the leaf. Can we, however, longer urge for the professorship, one who is publicly damning with faint praise the dead master, upon whom was builded whatever of pro-

fessional reputation he has attained, and who strove to persuade from his labor of love, upon the ground that it would disgrace him, — so we learn from the gentleman himself, — the eloquent fellow-countryman, whose embalmment of Simpson's memory in the love of the outside world, we present to our readers as the supplement to this month's Journal. Can it be because, as has been shown by his own confession, sent to us, as we mentioned last month, from the grave, he avowed one opinion concerning chloroform in Edinburgh, and has seemed to hold just the opposite in Boston? It is not possible that he too, of all men, has at last found his price.

And such a price! Dr. B., who afterwards bartered himself in the same slave-market, was accustomed to say of a former colleague in the old Boylston Medical School, thus manipulated, that "Prof. C. was bought, while the college was sold." We do not like to quote such irreverent words. Far better is it to express simple wonder, for which there has been reason enough, of the usual kind, within the last few weeks.

We notice, for instance, with admiration, the late appointment of Dr. Robert T. Edes, of this city, as assistant professor of Materia Medica, in Harvard College. From the doctor's fondness for a special study, Pathological Anatomy, and the eminence that he has already gained therein, by his papers in the "St. Louis Medical Journal," and elsewhere, a stranger would have supposed that the powers that be would have aimed to encourage his advance in that direction, rather than to divert his attention or bury him beneath their accustomed bushel, by an appointment to a position for which there were others faithfully and successfully preparing

themselves. But these, possibly, were too independent men, while the one with whom Dr. Edes might have competed for the Pathological Chair perhaps possesses already its promise; the event will tell. But it is the good old policy of Boston, by which Dalton, and Bumstead, and many others that we might name, were driven away, in order that the balance of power here might in no wise be disturbed.

Fortunately, however, there are instances in which the upholders of that policy have found more than their match. We have mentioned the instance of Dr. Cheever, who, from being a mere subordinate, became, by resistance to this spirit of oppression, himself the dictator; his terms, which were accepted, meaning no less than practical equality with the Professor of Surgery, and the delivery of some thirty lectures each year at the City Hospital. Similar is the case of Dr. Hawes, of the Dental School, who, treated with indignity, for no reason that we can conjecture, except his having read a paper before the Gynæcological Society,* sends in his resignation as a subordinate, and is immediately promoted to the position of assistant professor, and confirmed as such by the Overseers of the college at the meeting of July 13th.

While the matter was still in abeyance, we suggested to President Eliot, exercising the right of every alumnus, that it was his duty to put a stop to these disgraceful attempts at injustice, which of late years have brought such deserved discredit upon the school. It is possible that their free ventilation may accomplish the reform which the late Dr. W. J. Walker had so much at heart, and which, delayed, at last more surely comes.

* This Journal, January, 1870, p. 34.

"WHENEVER THE POLARITIES MEET," says Emerson, "whenever the fresh moral sentiment, the instinct of freedom and duty, come in direct opposition to fossil conservatism, the spark will pass."

It was thus that the great May victory, to be but the precursor of others yet to come, was gained by the Massachusetts Medical Society over the parasites who have so long been living upon its life. Potent though unexpected aid was there from abroad, an earnest of the support furnished by the American Medical Association to those who acknowledge and uphold its authority. The Society met, it was generally said beforehand, to give the "arch-disturber of the public peace" his "final" quietus. Let those who were not present imagine the confusion of those who, expecting to be the executioners, were compelled to listen to such unaccustomed truths as the following. We quote from the remarks of Dr. Henry Darwin Didama, of Syracuse, delegate from the New York State Medical Society. These pithy, electric sentences were like the match to gunpowder. The rock was quickly riven.

"I should esteem it a high honor," thus Dr. Diderman, as the "Boston Medical and Surgical Journal" vengefully spelled his name,* "to represent the New York State Medical Society anywhere; but to be a delegate to the Massachusetts Medical Society, sitting in Boston, is a rare felicity.

"For Boston is not only the hub, from which all good things radiate to us poor fellows in the distance, but it is the social and intellectual Mecca to which we must all make our pilgrimage, if we would live in style, and die in peace.

"So entirely does Boston occupy our thoughts and

* Loc. citat. May 26, 1870.

affections, in the rural districts, that when our mothers are in a certain delicate but coveted condition, they delight to speak of themselves as 'on the road to Boston.' And after we are fairly born, we are 'trot-trotted to Boston to buy a loaf of bread,' as a panacea for all our infantile pains and griefs.

"The Massachusetts Society occupies a high position in the medical world. Your opinions influence, if they do not control, us.

"When you refuse to admit to your favored circle the graduates of foreign schools, unless they shall first pass an examination before your Board of Censors, we meekly accept the conditions, and lament that we are but ignorant outside barbarians.

"The dictum, attributed to one of your early and most distinguished physicians, that 'the best treatment for inflammatory rheumatism is six weeks,' has undoubtedly condemned many a poor wretch to a month of needless suffering.

"Your Society, it is well known, tabooed chloroform. Now, such is our confidence in your decisions, that although we, in the western wilds, venture to use chloroform occasionally, we always do so with great fear and trembling. I know that my friend S—— has a charitable word for this European anæsthetic; but then you are all aware that S—— is regarded here in Boston as little better than a heathen man and a publican.*

"You have a wise and witty poet-physiologist belonging to your Society. Some time ago he declared that medicines do as much harm as good. Our respect for

* When the votes vindicating the authority of the American Medical Association over the College and the Society were passed, a few moments after the above remarks were made, Dr. ——, of this city, apparently forgetting his own past history, turned to the senior editor of this Journal, and exclaimed in great heat, that he wished "S—— was hung, and" (to give greater point to the remark we suppose) "thrown out of the window."

his judgment and experience was such that we were restrained from casting the contents of all our drug shops into the sea, only by our sharing with him a tender regard for the welfare of the fishes.

"You may well be proud of your Society; for although we foreigners do sometimes complain of your exclusiveness and your rigid adherence to Boston notions, we are happy to admit that you preserve the medical faith in its purity; that you stand fast by the Code of Ethics; that you preserve your garments unspotted from contact with irregular practitioners; and that you labor, wisely and well, to elevate the standard of medical education."

We regret that such a volley of sarcasm as this had come to be required. It served, however, to show our mutual admirationists the contempt with which they are viewed by the leaders of opinion elsewhere. Think, for instance, of a western journalist not long since saying,—we dislike to reproduce such language,—of the great pan-jandrum of Boston physic, whom Gov. Claflin said at the Massachusetts Society's dinner was his choice as family attendant because he gave less medicine than the homœopaths, that he had essayed "to bestride the continent like a veritable Colossus (this was before the Californian trip), and had split himself asunder in the vain attempt."

It is unpleasant thus to have to hold the mirror up to nature. It were far more to our taste to edit "The Ploughshare," or "The Pruning Hook," than "The Lantern," or "La Marseillaise." One sometimes has had "to learn his lesson in a bitter school. Yet if the pupil be of a texture to bear it, the best university that can be recommended is the gauntlet of the mobs. Upon such a pupil, neither money, nor politeness, nor hard words, nor eggs, nor blows, nor brickbats, make

any impression."* "The power of Chatham, of Pericles, of Luther," continues the man of peace, "rested on this strength of character, which, because it did not and could not fear anybody, made nothing of their antagonists, and became sometimes exquisitely provoking and sometimes terrific to these."

In view of the fact that there are Fellows of the Massachusetts Medical Society, now in full standing, who are habitual abortionists, the Gynæcological Society has decided, by vote at its meeting of June 21st, to take the initiative towards their expulsion from the State Society. It therefore invites evidence of such a character as shall ensure conviction, with reference to any case that may have occurred within the limits of Massachusetts.

We have already referred in these pages to the frequency of the crime, its true character, and its effect in causing serious uterine maladies. The Society considers the prevention of disease even more important than its cure; and it is a matter of congratulation that in one notorious instance, that at Lynn,† the physicians of the neighborhood are taking such steps as shall tend to vindicate, so far as they are concerned, the good name of the profession.

* Society and Solitude. Fields, Osgood, & Co., Boston, 1870, p. 85.

† This Journal, September, 1869, p. 188; January, 1870, p. 62.

IN MEMORIAM
SIR JAMES YOUNG SIMPSON,

(OF EDINBURGH).

BY REV. JAMES B. DUNN, BOSTON.

(*Delivered at the request of the Gynæcological Society, 19th June, 1870.*)*

"Blessed are the dead which die in the Lord from henceforth: Yea, saith the Spirit, that they may rest from their labors; and their works do follow them."

— REVELATION xiv. 13.

CHIEF among the striking characters I remember to have often met years ago in the streets of my native city, were two, whose impressive forms never failed to arrest attention even in the most crowded thoroughfares. I think I see them now. That tall, broad,

* "HOTEL PELHAM, 30th May, 1870.

"MY DEAR SIR, — At the memorial meeting of the Gynæcological Society of Boston, held on the evening of May 17th, in honor of its beloved associate, the late Professor Sir James Y. Simpson, of Edinburgh, it was unanimously voted to request you to pronounce a public eulogy upon the deceased, at such time and place as you may elect.

"To the medical profession, Dr. Simpson has long stood as the type, not merely of the manliness and the wisdom, the heartiness and hospitality, that so distinguish the Scottish character, but of its devoted and beautiful religious spirit. He has been, not merely the philosopher, the discoverer, and the bold reformer of ancient abuses, — not merely the good friend of his patients and of his race, — but the steadfast servant of the Living God. As such, above and beyond all else, it is that we would honor him.

"Trusting that to accede to the wish of the Society will not seriously interfere with any of the manifold duties you have already assumed, and convinced that you do indeed mourn with us the untimely death of your great townsman,

"I am yours sincerely,

"HORATIO R. STORER, *Secretary*.

"REV. DR. DUNN."

"187 WEST CANTON STREET, June 7, 1870.

"MY DEAR SIR, — Yours of the 30th May, informing me of the action of the Gynæcological Society at its recent memorial meeting, is before me. Much as I should have preferred the duty required of me had devolved upon some one better qualified to do the subject justice, still I have no desire to shirk the responsibility, and will therefore willingly

robust, commanding figure, around whose finely formed head the silvery hair flows in wavy locks, is Professor Wilson, popularly known as Christopher North. That other, short, thick-set figure, bearing the massive head, — with hair as long if not as wavy, — like Bacchus "crowned with head of Jove," is, in personal appearance, as remarkable. Once seen he can never be forgotten. No more can one fail to recognize the influence of his presence, and the power of his wonderful eye. To see him as he was seen but a few weeks ago, one would have thought that the vigorous vitality of that frame would have carried him at least to threescore and ten. Alas! Sir James Young Simpson — for such is he — has passed away; and, to-night, we speak of him as one that was, but whose influence still lives. For "Blessed are the dead which die in the Lord from henceforth: Yea, saith the Spirit, that they may rest from their labors; and their works do follow them." It is a solemn thing to die; solemn to think that go where we may, do what we may, our steps are constantly and inevitably tending to the tomb: —

> "And our hearts, though stout and brave,
> Still like muffled drums are beating
> Funeral marches to the grave."

But, though solemn, there is no reason why it should be dreaded, and the subject loathed. Oh, no! for saith the Scriptures, "Blessed are the dead." That is, those who die in the Lord; who die trusting in the Lord;

bear my humble testimony to the memory and excellences of one whom all ranks and conditions of people delighted to honor. I would therefore name the Beach Street Presbyterian Church in this city, as the place, and Sabbath evening, June the nineteenth, as the earliest time when I can, with justice to my other engagements, preach an *In Memoriam* sermon in honor of the late Sir James Young Simpson, my fellow-townsman.

"Yours very truly,
"JAMES B. DUNN.

"To Dr. H. R. Storer, Secretary Gynæcological Society."

who die having evidence of their acceptance with him. They are blessed because they have been washed in him who took away the sting of death, and won a victory over the grave. Because they are at rest. Their toils in the service of Christ, their labors in promoting his cause, are ended. In heaven from all such wearisome toil they are freed. There their works do follow them. That is, the rewards or fruits of their labors follow them.

How true this is of him who is the subject of our discourse, will be manifest if we consider that

I. *He was a self-made man.* — The heathens had a goddess whom they called Fortune. She is commonly represented standing by a wheel. From this, which she turns round and round, are drawn the blanks and prizes in which she assigns their different destinies to men, without any respect to their merits or demerits. She could not do otherwise, indeed; for, while her hand is on the wheel, a bandage is on her eyes. So some men think it is with the world; everything is of chance; some are children of fortune, others of misfortune. Nothing could be more fallacious. There is no royal road to honor. Of true greatness it may be averred that none can be born to it; none can have it thrust upon them; that he who would possess it must achieve it. To the pinnacle of conventional rank and fame the accident of birth may raise you; and this, after all, is but a borrowed lustre. If, when life's course is run, you can claim no more, then yours is but a worthless honor. If you would gain a place among the few who are truly honored, you must "climb the steep whence fame's proud temple shines afar." For example: John Bunyan was originally a tinker; Faraday, the celebrated chemist, a bookbinder; the inventor of the steam-engine, a blacksmith; John Forster, whose writings will live with our language, as well as

Dr. Livingstone, the explorer, a weaver; Cook, the distinguished navigator, a day laborer; Carey, the first of missionaries, a cobbler; and so with many others we might name, — all going to show that genius and fame have rarely arrived at the promised land without first marching through the Red Sea; lingering for a while in the wilderness, they have been pursued by the Egyptians, refused hospitality by Edom, and cursed by Balaam; and yet have triumphed in spite of all.

How true was all this with the subject of our discourse! Born at Bathgate, in 1811, of respectable, but by no means wealthy parents, he rose from obscurity, yea, from poverty (for when but a lad he went to Edinburgh, very poor and friendless), to the highest position of eminence in his profession, and took a place in the front ranks of science and literature.

It was when a poor, friendless boy he went to Edinburgh to attend some of the University courses, in hopes of bettering the education he had received in a country school, that he gave indications of that wonderful versatility of genius, which only required opportunity and diligent study to develop, so as to call forth commendation from one of the venerable professors, who urged him to compete for a scholarship, which was tenable for three years, and would help him to continue his studies in the University. Nothing daunted by his imperfect preparation, young Simpson gave himself to the work with characteristic energy and succeeded. Thus he was led to enter himself as a student of medicine. After obtaining his surgical diploma, he became a candidate for a surgeon's post in a small village in the west of Scotland. In this, to his deep chagrin, and great disappointment, he failed. Though to him it was a great blow, to the profession at large, and the good of humanity, it was a great mercy; for, had he received the appointment, he would

probably have continued a village doctor all his days. But he lived to recognize the hand of Providence in all this, and to acknowledge

> "There's a Divinity that shapes our ends,
> Rough-hew them as we will."

Rallying from the blow, he continued his studies at the University till at the age of twenty-one he obtained his medical degree; and so creditable was his examination that he was at the time chosen assistant to Professor Thompson in the chair of Pathology. Having occasion to lecture at times in place of his principal, he startled the old professor and others out of all propriety, with the new doctrines which he so ably expounded and illustrated; thus early giving indications of those powers which were yet to win for him such celebrity, and place him at the head of his profession, and in the front rank of the scientific men of the age.

Honors, fame, emoluments, came crowding upon him from every quarter. Colleges, and academies of medicine and science, at home and abroad, vied with each other in doing the great man honor. When but twenty-eight years of age, he was appointed successor to Professor Hamilton, in the University of Edinburgh (to the chair of midwifery). In 1849 he was elevated to the office of President of the Edinburgh Royal College of Physicians; in 1852, made President of the Medico-chirurgical Society; in 1853, Foreign Associate of the French Academy of Medicine; in 1856, he received, from the French Academy of Science, the Monthyon prize of two thousand francs, "in consideration of his important services to humanity, by the introduction of anæsthesia in obstetrics, and the discovery of the anæsthetic properties of chloroform."

For the same causes he received the Royal Order of Knighthood of St. Olaf, from the late King of Sweden.

In 1866, he was created a Baronet, by her Majesty, Queen Victoria; and in the same year he received the D.C.L. of Oxford; in 1869, the freedom of the city of Edinburgh was conferred upon him as a special honor, by his fellow-citizens, — the first time that that honor has been conferred upon a medical practitioner in their own city, or a professor in his own University.

But it is not to enumerate the honors conferred upon Sir James Y. Simpson that we are here; it is rather to single out those features in his character that marked him a man to be honored and imitated.

II. *As a Physician.* — Sir James Young Simpson had no superior in his day. To award him this honor is no empty praise, disparaging no profession; for no one honors more than I do all professions, and all lawful callings: the weaver at the loom, the blacksmith at the anvil, the carpenter at the bench, the farmer at the plough, the laborer with the spade, the clerk behind the counter. Each and all are honorably engaged; each has his place, his appropriate and needful work and reward. But next to the ministry, the office of which we would magnify, the practice of medicine is the highest possible to man, devoted as it is exclusively to the welfare of mankind. That men have followed this profession from sordid and mercenary motives, we do not deny; but they are unworthy of the name. True men entering upon this office take up a consecrated work; they set themselves apart as the servants of mankind, subject to every call, at all seasons ready to make sacrifice. The diagnosing a case, and writing prescriptions, are mere adjuncts. Physicians are the custodians and conservators of the highest interests and most precious blessings conferred upon man. Theirs is to palliate, if they cannot prevent, and, as far as possible, remove the evils of our world and the ills of our race.

How nobly did Sir James Y. Simpson magnify his office and prosecute his work! When called, in 1839, to fill the professor's chair, many were the predictions made by his opponents, and the friends of his defeated competitor, of his inability to sustain the position, and the certainty that the University and the interests of the city would suffer from such an election. How was it? A new era dawned upon the University and the department of which he was at the head. His class-room was soon thronged as no other class-room had been before. In the chair he was the most impressive and instructive of teachers, absolutely fascinating his audience by the force of his arguments, the originality of his positions, and the fertility and appositeness of his illustrations; and medical men, long in practice, came from different parts deeming it a privilege to listen to his lectures.

At home his consulting-rooms were alike crowded with patients. Probably no physician in any country ever attracted so many patients about him as flocked to Dr. Simpson. They came from America, from Australia, from Asia, yea, from all quarters of the world, so celebrated had he become. Among the other great chiefs of medicine and surgery, such as Brodie, Hunter, Harvey, Jenner, Velpeau, Mott, and Warren, few indeed were there — so disinterested and able physicians tell us — so quick and accurate as Simpson in diagnosis, or in finding out what was the matter with his patients. Certainly no one ever excelled him in the ingenuity, and simplicity, and originality, of his treatment; and no one surpassed him in that self-possession and quick decisiveness so all-important in sudden emergencies, when the physician or surgeon has literally the issues of life and death depending on his skill. No circumstances, however complicated and pressing, ever found him unprepared to act. His unrivalled fertility of re-

source, his quick, inventive, and adaptive mind, enabled him to carry himself and his patients successfully through the most dangerous and appalling perils.

His contributions to the literature of his profession, his discoveries of new remedies, and new modes of treatment, place him in the front rank of his profession. His works are among the few works that compare with those of Hunter and the old masters. The fidelity with which he applied rigid scientific methods of research in trying to find out improvements in medical practice, the simplicity with which he describes his various methods of treating intractable diseases, render his works invaluable to the student and practitioner.

III. *As a Discoverer.* — As a professional man there are four things that will ever be associated with the name of Sir J. Y. Simpson: these are the introduction of chloroform, the stamping out of zymotic disease, the introduction of acupressure, and hospital reform.

His suggestions as to acupressure, now in daily practice, and which, in ten years, has spread over the surgical world to a greater extent than did its predecessor — the ligature — in two centuries, and the idea of stopping blood from cut arteries, by thrusting metallic needles under them and pressing them against surrounding tissue and bone, was a brilliant one, and ranks its author side by side with Ambrose Paré and the greatest surgeons who have ever lived. While the great hospital reform introduced by him, one has well said, "entitles him to the glorious appellation of having been the modern father of medicine, a second Hippocrates."

Great as were these achievements in medical science and art, sufficient indeed to render his name forever illustrious, yet even these fade into insignificance when compared with his discovery of the anæsthetic properties of chloroform. 'Tis this that has made his name

immortal, and ranked him as equal with Harvey, Hunter, and Jenner. Who can compute the sum of mortal agony which this single discovery has been the means of erasing from the lot of humanity? Other discoveries have benefited certain classes of the race, but this is a boon extending to the whole human family.

Many attempts have been made to deprive Sir James of his laurels as a discoverer. People have said this is no new thing. True indeed! for there is no new thing under the sun. The idea of the possibility of annihilating pain was held by many long before Simpson's day, or even Sir Humphrey Davy's. The Greek and Roman physicians, thousands of years ago, used anæsthetic agents, the best of which was mandragora steeped in wine. And one of England's old poets, writing in 1657, says:—

> "I'll imitate the pities of old surgeons
> To this lost limb, who, ere they show their art,
> Cast one asleep, then cut the diseased part."

Not that we would by any means detract from those of our own country the honor due to them for the part they have played in the introduction of anæsthetics. All credit we would award to Dr. Morton, of this city, who used ether as an anæsthetic in dentistry, in the year 1846, and to Dr. Charles T. Jackson, for suggesting sulphuric ether to Dr. Morton, as an agent capable of producing insensibility to pain. But while doing this, we must not forget to put on record that two years before this, in 1844, Dr. Horace Wells, of Hartford, Connecticut, successfully performed the same anæsthetic operation in dentistry, with both sulphuric ether and nitrous oxide gas; and that when Dr. Wells, elated with his discovery, came to Boston to lay it before the medical faculty of this city, arrangements were made

to try the anæsthetic in the case of tooth extraction. But when, unfortunately for Dr. Wells's discovery, the bag was drawn away too soon, so that there was still some little pain felt during the operation, the audience, composed of several physicians and a large number of students, pronounced it a humbug, and hooted Dr. Wells out of the place. All honor, then, to whom honor is due. And Sir James Y. Simpson was the last man to pluck well-won laurels from any man's brow. Why, his last act in behalf of science was to dictate on his dying bed a statement in regard to the history of anæsthetics, in which Hartford and Boston are assigned their proper places; the honor being given to Dr. Wells, of Hartford, — a decision confirmed by the unanimous vote of the American Medical Association, recently in session at Washington.

This last generous, unselfish act of Simpson's, in the interests of an American discoverer, on behalf of science, when weak and suffering, and on a dying bed, finds a parallel in George Whitefield. After preaching at Exeter, he started for Newburyport, reaching there that evening, and expecting to preach there the next day. While at supper the pavement and the hall of the house where he sat were crowded with people who had gathered to hear him; but he was exhausted, so he requested one of the clergy, who accompanied him, to speak to them, and, taking a candle, he started for his room. But, before he reached it, his heart reproved him for even seeming to desert the people who were hungering for the bread of life. He paused on the stairway, and, with the candle still in his hand, he began to speak. The people gazed with tearful awe and affection on his venerable form. Solemnly and tenderly he addressed them, until the candle went out in its

socket. Before the morning George Whitefield was dead.

But to our subject. Ether is not chloroform, and it is with the latter that the name of Simpson is linked. And then to think how it was discovered!

IV. *His Philanthropy.* — Man is never so noble as when he forgets himself, to bless others. There are no deeds that so kindle the heart to admiration and enthusiastic praise as those in which we bear others' burdens, or volunteer to suffer and endure in their behalf. It half redeems from rebuke the vices of the savage parent, when we see him risking his own life to save that of the child; and much as we may dislike war, yet when men forget themselves for their country's sake, and for the love of others breast that surging tide of battle, and risk life and everything on earth at the call of patriotic duty, it is impossible for us not to admire and praise. And how noble do the heroism and self-sacrifice of Dr. Simpson stand forth as we see him, dissatisfied with ether as an anæsthetic, shut himself in his laboratory and try the different effects of the various contents of its many vials! See him thus! Standing there, fronting unknown dangers, experimenting with subtle and potent essences, caring nothing for himself, or his safety, or his own life, if only he might save others' lives. Wonderful! Grandest of human discoveries! When we think of its benefits and far-reaching results, we do not wonder at the physician, who, when asked how chloroform was discovered, said it must have been by inspiration. Soon after, it was tried in a most critical case, and with complete success. On that day the labors of two thousand years of investigation culminated in Simpson's demonstrating the possibility of annihilating pain, and subjecting it to human control. A new era was inaugurated for mankind. Science —

and with due reverence do we speak it — had at last succeeded in absolving woman from the curse which was pronounced upon Eve. Blessed relief! Alas! that we should have to say it, — fierce was the wrath of man against Simpson for interfering, it was alleged, with the decrees of Providence. But so it has always been. Scripture and the fathers of the Church were quoted to prove that Columbus was a heretic and an infidel for suggesting that there was another continent; and a clergyman actually published a sermon to show that Jenner, for endeavoring to check the ravages of the small-pox, was the beast of the Apocalypse. The small-pox, it was claimed, was "heaven-ordained," and any interference with it was a daring and profane violation of our holy religion. Winnowing machines were objected to, because "winds were raised by God alone, and it was irreligious in man to attempt to raise wind by efforts of his own." But Dr. Simpson had a divine precedent in his attempt to master pain, — the first surgical operation on record was painless. It was performed on Adam, but not till the Lord had caused a deep sleep to fall upon him. Well did the great Chalmers counsel Simpson to pay no heed to the "small theologians," when asked what reply should be given to the biblical objections to chloroform. Language fails me as I try to give you some estimate of the inconceivable benefits the discovery of chloroform has conferred upon humanity. No discovery in ancient or modern times can be compared to it. It is a priceless boon. To surgeons everywhere Simpson had proven himself the greatest of benefactors. What untold horrors has its use not mitigated and prevented on the battle-field and in the hospital! Think of its constant use in the Crimean and Italian campaigns, without a single failure. Of like results attending the seven weeks' Austro-

Prussian war, and listen to the testimony of one of the first of U. S. army surgeons, who says that during our own bloody struggle chloroform was administered in more than one hundred and twenty thousand cases, and not more than eight cases can be found in which a fatal result can be fairly traceable to its use. Marvellous! Just think how that, in the hospitals of London and Edinburgh alone, fourteen hundred serious operations are annually performed, and what must be the vast aggregate of operations performed in all the hospitals of this and other lands! Oh, what a weight of suffering! What untold agony! What a mass of accumulated misery! What lamentation and mourning, what sighs, what groans! The heart grows sick, the spirit sinks, and the brain reels at the thought. Now let the pen of the ministering angel cancel all, and what a relief! Thus see what an amount of anguish has disappeared under the silent, soothing influence of chloroform. Twelve hundred millions of human beings that people the earth have each on their entrance into the world caused hours of maternal anguish. What mind can realize the magnitude and extent of such suffering? Now all this the general use of chloroform is destined to prevent; and how rapidly is its use being introduced! Think of the numberless manufactories of chloroform established in different countries. In Edinburgh there is one which makes from two to three million doses a year; evidence, as Simpson said, of the "great extent to which the practice is now carried of wrapping men, women, and children in a painless sleep during some of the most trying moments of human existence."

V. *His Intellectual Greatness.* — Some writer has said "there is little difference in men's bodily stature; a fathom or thereabouts, a little more or less, is the ordi-

nary elevation of the human family." Not so is it with mental statures. Of pigmy intellects, fragile understandings to which the grasshopper is a burden, and dwarfish capacities, unable to grapple with the easiest problems, we have an abundance; but of colossal minds, tall, culminating minds, which command the entire tract of existing knowledge, minds whose horizon is their coeval hemisphere, we have but few.

Such a mind was Dr. Simpson's. His information was vast. The versatility of his genius was one of the most remarkable things about him. Not only did he enrich medical literature, in every department, by some of the most important contributions of modern times, but he was reputed to be one of the best antiquarians and archæologists of his age. His public addresses and works on these subjects are the richest in erudition and antiquarian lore ever given to the press. Take that splendid work on the sculptured stones of Scotland, written during a severe illness, or his "Notes on Magical Charmstones and Cave Sculpturings in Fife," and there is exhibited the profoundest acquaintance with this fascinating subject, and a depth of scholarship and research, for which few would have given him credit. By the kindness of a medical friend, we have been permitted to examine somewhat the former of these works, and at every page we have had to exclaim, Marvellous! Marvellous!

Those of you who have met Sir James must have been impressed with the diversity of his attainments and his almost universal knowledge. He seemed to know everything, and could talk about everything.

Then there was an originality and lucidity about his treatment of subjects, perfectly wonderful. The most abstruse became simple, and the most ordinary topics of medical discussion shone out in a new light when il-

lumined by his touch. No wonder that he attracted to his rooms, and around his table, — for he was much given to hospitality, — the most distinguished men of letters and representatives of every department of science and art. Here were daily to be met, physicians, naturalists, antiquarians, and literati of all sorts, and from all parts of the world.

I need not tell you that the industry of such a man was prodigious. How could it be otherwise? How he carried on his gigantic practice, his splendid and innumerable scientific investigations, his antiquarian and literary studies and labors; how he kept up his professional, scientific, literary, and political reading; how he worked, wrote, and spoke, and took part in every philanthropic and Christian movement that tended to advance and elevate humanity, and extend Christ's kingdom; and yet could find time for the social enjoyment and amenities of life, in which he shone, has been a mystery to everybody. We have heard of a man who wrote a book in the intervals of time spent in waiting upon people. With Simpson, this was literally the case. "Many of my most brilliant papers," he once said to his students, "were composed at the bedside of my patients." Yet he never neglected them.

That Sir James Y. Simpson had his faults, like other mortals, we well know. But these were mainly called out by the meanness, hypocrisy, and time-serving of others; conduct which he with his whole soul detested, and was not loth so to express himself concerning, thus making to himself enemies.

Other men have passed away, men eminent as physicians and surgeons, — some of them but recently. Their loss the profession mourns. The loss of Brodie and Velpeau, and Mott and Warren, and such illustrious men of the profession, who can estimate? But the loss

of Sir James Y. Simpson is second to no other loss. His profession mourns this loss; his own country, ours, every country, the whole human race mourn his loss; for to benefit the entire race of mankind was his life spent. Well did the members of the American Medical Association, at the close of its session at Washington, when the cable dispatch brought news of his death, convene in mass to do honor to his memory. Well did the President of that meeting, Dr. Thomas Miller, declare that, in the death of Sir James Y. Simpson, every medical man had met a *personal* loss, seeing how he had done more for medical science and humanity, and shed more lustre on the profession, than any one of his age, and over his grave the people of all nations must mingle tears of deepest sympathy for the loss they have sustained. Well did Dr. Storer, of this city, say at that meeting, "The nations will rise up indeed to call him blessed," and move the adoption of the following among other appropriate resolutions: "That in Dr. Simpson, American physicians recognized not merely an eminent and learned Scotch practitioner, but a philanthropist, whose love encircled the world." Well did other speakers at that meeting say, "In him science has lost one of her most earnest, original, and gifted students, society one of her brightest ornaments, and humanity one of her greatest and most useful benefactors." Well did the Gynæcological Society of this city meet in memoriam, a few days after, to do like honors to his memory, — seeing how that modern gynæcology, as well as modern surgery, is indebted to Simpson for several of its most important advances, and that Dr. Simpson was this Society's first Honorary Member. In thus honoring him, these societies have honored themselves, for he was worthy of such honor. In view of his services to humanity, well might he have said of his life, "When

the ear heard me, then it blessed me, and when the eye saw me, it gave witness to me; the blessing of him that was ready to perish came upon me, and I made the mother's heart to leap for joy."

VI. *Dr. Simpson as a Christian.* — But though much has been said, to use the words of another "the measure of his greatness is not yet full." Did we pause here, our work would be only half done, the portrait imperfect; for, with all his greatness, there would still be something lacking. Happy am I, that void can be filled, and now I bid you look upon him as a *Christian.* As a Christian physician, does Sir James Y. Simpson base his highest claim for respect and admiration. As a Christian, an earnest, sincere, devout, humble Christian, do I now ask you to think of him. We have already discovered in him a mind of exalted order, cultured and developed,— a heart full of noble and generous affections. We have now to see a spiritual nature, which grasped with tenacity the sublimest truths, exemplified them in his daily walk, and sought in every possible way to promote and propagate them. There are scientific men who dislike Christianity; not so was it with Sir James Y. Simpson. There are physicians, sorry am I to say it, that dislike Christianity, and scoff at evangelical religion; so many of them, that we love to honor the man of science who is a Christian, and not afraid to proclaim it, and the *Christian physician.* Such was Christ, whose minister we are. "Go and show John again, those things which ye do hear and see; the blind receive their sight, and the lame walk, and the lepers are cleansed, and the deaf hear, and the dead are raised, and the poor have the gospel preached to them." These were the evidences of the Saviour's Messiahship. Christ went about "healing all manner of diseases, and all manner of sickness among

the people." And while engaged in this work, what glorious opportunities are presented to the Christian physician, — to point suffering ones to the Healer of souls, — to Him, who bindeth up the broken-hearted, and breaks the captive's chain!

Such physicians the profession has had, and mighty are the works they have done for Christianity. Parker, it may be said, opened the gates of China with a lancet, when European cannon could not break a single bar. Dr. Halley entered the island of Madeira with a single companion, a sick wife, leaning on his arm; he left it with eight hundred men, won for the truth and God. Thomas was an early medical missionary in India. A Hindoo came to him with a dislocated shoulder. He reduced the luxation, and then told him of Christ who came into the world to save sinners. He was touched, subdued, soon broke caste, became a changed man,— became a Christian. He was the first Hindoo convert, and the leader of a mighty host who have since entered into the kingdom. It was Gabriel Broughton, a physician, that gave India to England. It was a physician who forced his way to the north magnetic pole, and brought to the doors of Christianity those unknown and wandering tribes of the icy north; and a physician who won Africa to civilization, and prepared a highway and a home for the African race. Physicians led in the van of that army which lifted the South Sea Islands from cannibalism, and lighted on those distant groups a civilization which is never to go out. And many are the physicians I have known, who, —

> "When pain and sickness rend the brow,
> Are ministering angels found."

For there are moments of extreme suffering, which forbid the presence of clergymen. In such moments

physicians are specially required. Then in the brief intervals of rest, they, if Christians, can breathe words of comfort, of counsel, and of warning, of a world to come. Such a physician was Sir James Y. Simpson, in his latter years. I say, latter years, for it was only then that he publicly identified himself with the gospel of Christ, and felt free to speak his own Christian experiences,—though he evidently had been at heart a true disciple of Christ for some time previous. But when he came out and publicly acknowledged Christ, he then put on the whole armor of God, and gave evidence that his religion was a thing of the heart, an inward principle, directing and controlling his whole life,—a religion not limited to the closet, or the family, or the sanctuary, but which was manifest in his daily walk. On all fitting occasions he was ready to give a reason for the hope that was in him, and to commend to others, in public and in private, the salvation which was his own solace for life and for death. His labors in this cause were most abundant, notwithstanding his extensive practice, and the large drafts made upon his time from the numberless literary, scientific, and benevolent associations with which he was connected. He was most faithful in his attendance upon the sanctuary, the social prayer-meeting, and other means of grace. Frequently have we met men of his profession who never spoke disrespectfully of religion, and who would have felt themselves insulted had they been ranked among its enemies, or at least not numbered among its friends; yet who seldom attended church, and rarely, if ever, went to a prayer-meeting. Why? Oh, they had no time! their practice so extensive, and their calls so numerous,—yet, we venture to say, not one of them had anything like the demands made upon their time, as had Sir James Y. Simpson. His public efforts

for the advancement of religion were many and continuous. As a lay preacher and exhorter, he was most successful. Many of his addresses have been published by the Religious Tract Society of London, and have met with a large circulation. One of these addresses, republished in this country, and a copy of which I have, is alike as remarkable for its freshness, directness, and fervor, as for the scriptural soundness of the truths so clearly set forth and illustrated. When his last illness prostrated him, he seemed to have a premonition that this illness was unto death, and sending for his pastor he held with him much sweet and familiar converse relating to religion and death. He did not fear death; on the other hand, he was prepared to welcome it, and if he desired life, it was, as he expressed it, with a hope, if it were God's will, that he might do a little more service in the way of Hospital Reform. But all his plans he held subject to the Divine will. On one occasion, in reply to a friend, he said, "If God takes me to-night, I feel I am resting on Christ, with the simple faith of a child." And during all his acute pains—and these were neither few nor light—he was not only resigned, but cheerful. He knew in Whom he believed, and into Whose care he had given the keeping of his soul. He loved his profession; he loved his studies, but, oh, he loved his Bible and his Saviour more! Hence, this abiding confidence and repose in dying.

Are there men of literature and science now listening to me? Oh, let me warn you to seek something better than these! Put not your trust in them, otherwise you will find them to be but Job's comforters.

You have read, it may be, the "Last Days of a Philosopher;" if not, then read it, and learn what a manual of mournful "consolations" Sir Humphrey Davy be-

queathed to the world, and why it was that great philosopher took leave of life so gloomily. Of the sons of science few have been so favored. In his grand discovery of the metallic bases, and in his more popular invention of the safety-lamp; in the command of a laboratory which opened a royal road to chemistry, and in the splendid crowds who thronged to his lectures, from the moment that he found a generous patron till he became a baronet of England, and President of the Royal Society, his whole career was a series of rare felicities. Yet with all his versatile powers, orator, philosopher, poet, and with all his distinctions glittering around him, his heart still felt hollow, and in his later journals the expressive entry was, "Very miserable." What was it that he wanted? He himself has told us, "I envy no quality of mind or intellect in others,—not genius, power, wit, or fancy; but if I could choose what would be most delightful, and I believe most useful to me, I should prefer a firm, religious belief to every other blessing; for it makes life a discipline of goodness, creates new hopes when all earthly hopes vanish, and throws over the decay, the destruction of existence, the most gorgeous of all lights, calling up the most delightful visions, where the sensualist and sceptic view only gloom, decay, and annihilation." This religious belief Sir James had; hence his departure was so peaceful. Among his last utterances he said to a minister, who had expressed the hope that he held a firm hold of Christ, "I am afraid that I cannot say that; but I think I can touch the hem of his garment." In a letter, written to his intimate friend and former pupil, Dr. Horatio Storer, of this city, a few days before his death, while speaking of his extreme debility and approaching dissolution, he very beautifully says, "But you and I will, I hope, meet in another

world; for I look, as I hope you do, for salvation to Jesus, and to Jesus only." In view of his religious character and peaceful end, how apposite are the verses written by himself at Geneva some three years ago: —

"Oft mid this world's ceaseless strife,
When flesh and spirit fail me,
I stop and think of another life,
Where ills can ne'er assail me, —
Where my wearied arm shall cease its fight,
My heart shall cease its sorrow,
And this dark night change for the light
Of an everlasting morrow.

"On earth below, there's nought but woe,
E'en mirth is gilded sadness;
But in heaven above there is nought but love,
With all its raptured gladness;
There — till I come — waits me a home,
All human dreams excelling,
In which at last, when life is past,
I'll find a regal dwelling.

"Then shall be mine, through grace divine,
A rest that knows no ending,
Which my soul's eye would fain descry,
Though still with clay 'tis blending.
And, Saviour dear, while I tarry here,
Where a Father's love has found me,
Oh, let me feel, through woe and weal,
Thy guardian arm around me."

And Sir James is dead. But his death is not, as some have said, *untimely!* Untimely? No! All this learning and experience, all this acuteness and skill, all this benevolence and piety, are not lost, not squandered. In other and grander spheres the Lord hath need of him. There is no waste of power when an able and gifted man is called from some obscure sphere to a position of dignity and responsibility. So, surely, there is no waste, no annihilation, of what is most precious, no frustration of the long education of life, when, in the very midst of their years and usefulness, God calls away the best and wisest of the sons of men, to play

their part on a wider, grander stage. Let us not mourn, then, the death of Simpson as untimely. In that very hour when he seemed to fall, he was rising to greater exaltation. Talk not, then, of his sun as having gone down while it was yet day, seeing how already he has begun to shine as the stars forever and ever. He has served his day. His end was peace; and the blessing of those that were ready to perish will crown his memory.

Never did that ancient city of Edinburgh witness such a heartfelt tribute of respect paid to the memory of any man as was paid to the memory of Sir James Y. Simpson on the day of his funeral. Cheerfully and promptly was a place offered in Westminster Abbey, where his remains might be laid, and had not his family declined the proposition, the plan would have been carried out. As it is, beautiful is the sunny slope in Warriston Cemetery where he now lies. Such a demonstration of sympathy as was exhibited on that day by the inhabitants of Edinburgh and the surrounding country, that city never witnessed. Whole columns of the daily press were taken up with a mere enumeration of the different societies which took part in the public procession. Every street on the line of march was one great mass of sympathizing humanity. Standing on the brow of the hill on which the New Town is built, one writer describes the spectacle, so very solemn and impressive: —

"The long line of mourners was seen winding its serpentine way through the dense crowd of variously dressed spectators, as the dark waters of the Rhone are said to flow unmingled through the limpid Lake of Geneva. Now and again the rays of the declining sun, striking on the gilt plates of the coffin, threw it into relief against the dark covering of the bier, while the sable plumes overshadowing the canopy kept nodding time

to the solemn movement of the car. But the grave reached, dust is committed to dust, the solemn silence alone broken by the chirping notes of a little bird that had perched on the topmost branch of a tree at the foot of the grave. And when the last turf had been laid, and the crowd, many of whose manly cheeks were wet with honest tears, had turned away — as if nature herself could not refrain from shedding a tear over so great and good a man, the sky, which up to that moment had been unclouded, became overcast, and a gentle rain began to fall."

From this touching scene, as well as interesting subject, time reminds us we must turn away. And what shall we say in parting? In his profession, a vacant place has been made. Who shall fill it? Oh! that I could persuade *you*, members of the medical profession, to lift up the banner he has dropped, and step into the place which he has left empty, and, as *Christian* physicians, live as he lived, for the good of your race, and the glory of God! "Another man to take the colors!" was the cry in one of the regiments on a recent battle-field; they lay on the ground, and the gallant young standard-bearer bleeding beside them. It was answered, bravely answered. Through the smoke of battle the sun glanced again on the levelled line of muskets, and another volley rang. Again that cry, "Another man to take the colors!" Stepping forth, one bent him over the dead, loosed the staff from the dead man's fingers, and flung the flag on high in the face of the foe; yet another volley rang; he, too, goes down, and a third time the cry arose, terrible above the roar of the battle, "Another man to take the colors!" The earth is still a battle-field, and Christ's banner is still to be borne upon the arms of faith, and on through the very fire of the conflict. Over all the field, Christ's cause stands in need of men of might, men of prayer, men that can wield the

sword of the Spirit, and carry the banner of the cross. And to-night, with that fallen standard-bearer at our feet, we would raise the old battle-cry, "Another man to take the colors!"

My friends, from this night begin life aright. A Christian life is the only one worth living on earth; any other soon fades away to dregs; and such dregs! The memory of the saints is blessed; the righteous shall be had in everlasting remembrance. Oh, remember the world is evanescent, and think, oh, think of that life that never ends! Put yourself in thought far away beyond these shifting, cheating scenes; soar above this fire-doomed earth, and its shows and pomps. See the great globe with all its cities and palaces shrinking to an atom; leave time behind you, take your place among the angel choir that sweep their golden harps before the throne, where our Christian physician has gone, and ask yourselves then what this life should be, fitting for such a sphere. And remember that preparation for that sphere must be begun here, and now. If hitherto you have held aloof, come, oh, come now. "Mark thou the perfect man, and behold the upright, for the latter end of that man is peace." Will you not come? Time presses. How fast this sand-glass runs! The hand on that clock moves steadily on, rapidly round to the final hour. It may now strike. Leap for your life! Alas! for your souls. Quick, lest the door be shut, and your doom is sealed. Enter now. And oh, the joy, the peace, peace even here, — for this to the believer Christ bequeathed, — and the dying that peace will raise into triumph, the triumph that smiles at death, and sings of victory, and sees the heaven opened and longs to enter in. Then on the tombstone, write, "*Blessed are the dead which die in the Lord from henceforth: Yea, saith the Spirit, that they may rest from their labors; and their works do follow them.*"

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. III.] SEPTEMBER, 1870. [No. 3.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

TWENTY-NINTH REGULAR MEETING, MARCH 1, 1870.

THE twenty-ninth regular meeting of the Society was held at Hotel Pelham, on March 1st, 1870, the President in the chair. Present, Drs. Lewis, Warner, Field, Weston, Bixby, Warren, and Storer, and, by invitation, Dr. Both, of Boston.

The Secretary read letters from Drs. Tom. O. Edwards, of Lancaster, Ohio, W. W. Dawson, of Cincinnati, W. C. H. Needham, of Gallipolis, Ohio, David Wooster, of San Francisco, T. B. Hood, of Washington, D. C., A. Jacobi and Joseph Worster, of New York City, A. Cornish, of New Bedford, and C. H. Perry, of West Medway, acknowledging their election as Corresponding Members.

The photograph of Dr. Perry, added to the Society's collection, was exhibited, and the following additions to the Library announced: his monograph upon the Obstetric Importance of Narrowing of the Pelvic Outlet, from Prof Breisky, of Berne, Switzerland; from

Entered, according to act of Congress, in the year 1870, by HORATIO R. STORER, M.D. in the Office of the Librarian of Congress at Washington.

Dr. Joseph Worster, of New York, his papers upon Reduction of Uterine Inversion, Fibrous Tumor, and Vaginismus; from Dr. Horace Dobell, of London, his volume of Reports on the Progress of Medicine in Different Parts of the World, for 1869; and from the Secretary, a copy of the bound volume of the Gynæcological Society's Journal, from July, 1869, to January, 1870.

Dr. Storer exhibited, under the microscope, sections by Dr. Bixby, of tumors sent to Dr. S. by Dr. L. C. Butler, of Essex, Vermont, from an autopsy; the case being an interesting one of

FIBRO-CYSTIC DISEASE OF THE UTERUS.

The history is as follows: Patient aged forty-nine; married four or five years since; had no children. Menstruated regularly till July last, after which, attention was directed to a tumor in the left iliac region, and to a marked general tumefaction of the abdomen, which increased so as to give the appearance of a woman at the full period of pregnancy. The abdomen was smooth and tense, with no indentations in any portion. The distention was so great as to produce severe dyspnœa; general health seriously affected; no appetite, and digestion imperfect; bowels irregular, urine scanty, and high-colored; great emaciation of muscular and cellular tissues, giving the appearance of the skin being stretched over the bones.

About a month before death a trocar was introduced, and pus evacuated from the median line a little below the umbilicus, — the pus being very fetid.

Autopsy twelve hours after death. On making section of the abdomen, opened directly into a large sac, letting out about thirty pounds of pus, dark in color. Found sac adherent to walls of abdomen anteriorly and

laterally, and extending up to the stomach and liver, but not adherent to them. This large sac was attached to, and proceeding from, the fundus of the womb. Os healthy, but cavity of womb nearly obliterated. Ovaries healthy, though the left one was slightly larger than the right. Upon the right side there were found two other tumors, attached to that side of the uterus. One was about two inches in diameter, the other about an inch. Portions of the several tumors are now sent for examination.

The case was diagnosticated during life as ovarian cyst, as dropsy, and as general tumor with independent connections. At the post-mortem, it was pronounced scirrhus of the womb, but, on further thought and examination, Dr. Butler was not satisfied that it was of that character. There was no hereditary taint, unless it be that the grandfather died of cancer of the lip at ninety-five. No appearance of that taint in sons or daughters.

Dr. Bixby remarked that the microscope went to prove that the specimens were from fibrous tumors of the uterus, and that this was also the opinion of Dr. Edes, to whom he had submitted portions for independent examination.

Dr. Storer stated that the history of the case, corroborated as it was by the microscope, showed that the tumors were fibrous and uterine in their character. An instance of similar degeneration of a fibro-cystic uterine tumor into a sac containing pus and sanies had existed in his case of extirpation of the puerperal uterus, published in the Journal of the Society for October, 1869; the specimen having been shown to the Society at its meeting of August 10th, of that year, reported in the Journal for February, 1870. There were also cases upon record where fibroids have taken on osseous degen-

eration, as was the case in one of the specimens now exhibited. In one of the instances in which he had extirpated the uterus by abdominal section for fibrous tumor, it was found impossible to divide the organ by a scalpel for subsequent examination, and it had to be done by a saw.

Dr. Bixby reported that he had carefully examined the specimen of placenta, submitted to him for the purpose, that had been presented to the Society by Dr. Weston, of East Cambridge, and he had found that the apparent cysts which had been so marked, were in reality localized effusions of blood, the case being a very evident one of

PLACENTAL APOPLEXY.

Dr. Weston exhibited another very similar specimen, from a patient to whom he had been called since the last meeting.*

Dr. Bixby read the first portion of a translation he was engaged in making, at Dr. Storer's suggestion, of a monograph by Prof. Louis Mayer, of Berlin, upon

INSANITY OCCASIONED BY DISEASE OF THE PELVIC ORGANS.

[The opening chapters of Dr. Mayer's paper were published in the Journal of the Society for May and August, 1870.]

The portion now communicated to the Society was upon the general relations of mental and physical disease, particularly in women, and arising from uterine derangements, and of those lesions in early childhood, more especially when attended by manustupration.

* For a very full exposition of this disease, see Simpson's Obstetric Works, Vol. II., p. 396.

Dr. Storer directed the attention of the Society to the very great importance of the subject now under consideration, solving perfectly and scientifically, as did the explanation presented, very many mysterious problems in gynæcology, otherwise wholly unaccountable. The topic was to him peculiarly interesting, as the members well knew. When, in 1864, he first announced to the profession his conviction that a large proportion of the cases of insanity occurring in women were of pelvic causation, a point which seemed to have been previously almost wholly unappreciated, his views were very generally ridiculed, more especially by those having the charge of asylums, tending as they did towards necessitating a revolution both in the study and treatment of insane women. He was happy to believe, however, that year by year psychologists as well as general practitioners were coming more and more to accept his conclusions. They would be found to be fully corroborated by Prof. Mayer, who has established, by gynæcological evidence, every point that had previously been made; while Dr. Storer, prevented by ill health from working out the outline of research that he had indicated in his voluminous report made to the American Medical Association in 1865,* had brought together an immense amount of confirmatory data from the writings of alienists themselves.

The special point presented to the Society at this meeting from Prof. Mayer's memoir, the mental disturbances of young girls depending upon sexual irritation previous to the establishment of puberty, was one that would be thought by "prurient prudes" of our own sex unworthy scientific discussion. Its importance, however, would be recognized by all honest physicians. Dr. Storer had published a paper upon the subject, several

* Transactions of the Association, Vol. XVI., p. 123.

years ago,* that had elicited warm commendation from Prof. Brown-Séquard, whose experience had been identical with his own. He considered it of great importance to recognize the fact that the habit was in the majority of cases the result of reflex irritation from hemorrhoids, ascarides, and the like, and not from any propensity to vicious indulgence. Ordinarily, by bearing this in mind, the existence of the habit could be ascertained without any shock to the sensibilities of the patient.

Dr. Warren had no doubt that masturbation was much more frequent in women than is generally supposed, even in the very best class of patients. He reported two cases now under his charge, one of them being a young person, and the other fifty-one years of age, and past the climacteric.

Dr. Field referred to the difficulty and embarrassment, oftentimes, of asking the critical question, so necessary, however, for the patient's cure. He had been led to believe, from frequent observation of the symptoms, that a peculiarly cold and clammy condition of the hand was always present in masturbators, whether male or female. Its existence had repeatedly helped him in the diagnosis of important cases, where he would otherwise have remained in doubt. It was not necessarily accompanied by any general nervous depression. It was something peculiar to itself, and entirely different from anything seen in other cases. It was, as he had said, a constant symptom. Dr. F. dwelt upon the importance in practice of getting at special points in diagnosis like this. They used to be looked for by the shrewd and observant Fathers of Medicine, who were not in possession of the modern methods of investiga-

* On Self-Abuse in Women, its Causation and Rational Treatment. Western Journal of Medicine, August, 1869, p. 449.

tion, while the more favored physicians of the present day carelessly pass them by. It was not unlikely that observation and comparison of large numbers of masturbators would give results of great practical value.

Dr. Warren thought the suggestion of Dr. Field would prove, if corroborated by further experience, of extreme benefit to the profession.

Dr. Warner was of the same opinion.

Dr. Storer referred to a case of suicide during the catamenial molimen, and immediately after yielding to the tendency to self-abuse, so marked at that time in certain patients, that he had formerly placed upon record.* In ascertaining the presence of the habit in women, one could not be governed by the presence or absence of symptoms of general lassitude and nervous depression, for masturbation, not being attended by the exhausting discharge in women that is present in men, did not produce in them so marked an effect.

Dr. Weston had failed to find in these cases the assertion of some writers, that there is necessarily any enlargement of the clitoris or nymphæ present, borne out by facts.

Dr. Warren, on the other hand, had repeatedly seen this hypertrophy in masturbators.

Dr. Storer believed that while in many instances there were present other physical signs of the habit, the existence of the condition referred to was neither necessary nor confirmatory. Where such enlargement did exist, it was as likely to be from coincidence as from consequence, and might, from the irritation produced by the increased contact of the parts, give rise to exaggerated hyperæsthesia. Dr. S. had repeatedly had to excise hypertrophied nymphæ for this indication; in one in-

* Boston Medical and Surgical Journal, April 7, 1864.

stance, in a female physician, who in warm weather was constantly impelled to local trituration by the hand from the chafing of the pendulous nymphæ.

Dr. Storer read an exhaustive memoir upon

THE SURGICAL TREATMENT OF HEMORRHOIDS AND FISTULA IN ANO,

detailing various novel procedures which had been found useful in practice.

[This paper was published in this Journal for April, 1870.]

Dr. Warren, in commenting upon the points made by Dr. Storer, remarked that the paper was an illustration throughout of common-sense surgery. Dr. W. had, in operating for hemorrhoids, frequently experienced the difficulties and unsatisfactory character of the old methods of procedure, and now that it had been so clearly shown that submucous rupture of the sphincter ani did away with the risk of concealed hemorrhage, so dreaded by surgeons, and hastened the healing of the parts operated upon, he should certainly resort to the new method. He had, moreover, particularly been interested in the details of Dr. Storer's treatment of prolapsus recti, and admired the simplicity with which it might be alleviated by the fenestrated bandage.

Dr. Warner reported a case sent to Dr. Storer, from Western Connecticut, of

PROLAPSE OF THE ENTIRE RECTAL CANAL,

from the sigmoid flexure downward, containing in its pouch a considerable extent of the peritoneal membrane from Douglas' fossa. For many years the lady had been a wretched invalid, suffering, at every movement

of the bowels, indescribable torture, and sometimes spending hours in the fruitless attempt at a fæcal passage. She came prepared to have the whole rectal pouch removed by an operation which would probably have ensured her death. As it was, by the careful use of a well-fitting fenestrated bandage, the rectal wall was prevented for several weeks from escaping from within the sphincter ani, which had previously been in the habit of strangulating it when down; regular movements of softened fæces were obtained, the patient rapidly regained her lost flesh and strength, until it was found possible to dispense with the bandage, and the patient returned home with her health restored.

Dr. Storer mentioned the asperity with which some of the suggestions presented in the paper he had just read were received when communicated at a medical meeting in this city several years since, and detailed the peculiar history of the memoir itself.*

Adjourned.

THIRTIETH REGULAR MEETING, MARCH 15, 1870.

The thirtieth regular meeting of the Society was held on March 15, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Field, Sullivan, Blake, Weston, Warren, Bixby, and H. R. Storer; and, by invitation, Drs. A. L. Norris, of East Cambridge; J. P. Ordway and Carl Both, of Boston; and J. S. Flint, of Boston Highlands.

The records of the last meeting were read and accepted.

* See this Journal, April, 1870, p. 221, and May, p. 213.

The Secretary read letters from Drs. Donders, of Utrecht, Holland, and B. Fordyce Barker, of New York, Honorary Members; and Drs. R. H. Meade, of Bradford, England; W. Bayard, of St. John, New Brunswick; Wm. Canniff, of Toronto, Ontario; J. K. Bartlett, of Milwaukee, Wisconsin; S. D. Turney, of Circleville, Ohio; H. D. Ballard, of Findlay, Ohio; Wm. A. Newman, of Louisville, Ky.; Charles W. Chancellor, W. T. Howard, Harvey L. Byrd, and James H. Butler, of Baltimore; F. G. Snelling, M. S. Buttles, and James L. Brown, of New York, and Alexander J. C. Skene, of Brooklyn, N. Y., Corresponding Members, severally in acknowledgment of their election to the Society. He also read a letter from Dr. Henry Austin Martin, of Boston Highlands, a candidate for nomination as an Active Member. According to the rules of the Society, Dr. Martin's application was referred to the Committee upon Membership.

A communication was presented from Dr. Thomas Watson, of London, in behalf of the Obstetrical Society of that city, requesting an exchange of the Transactions of the two Societies. The photograph of Prof. Donders, of Utrecht, added to the Society's collection, was exhibited, and the following donations to the library announced: From Prof. Fordyce Barker, of New York, Dr. F. G. Snelling's monograph upon Relaxation of the Pelvic Symphyses during Pregnancy and Parturition, and from Dr. Edward Seguin, of the same city, his memoir entitled New Facts and Remarks concerning Idiocy.

Dr. Storer exhibited, on behalf of Messrs. George Tiemann & Co., of New York,

TAVERNIER'S UTERINE DILATOR,

to be used previously to those of Dr. Barnes. It is

introduced by a common French catheter, which is passed into its tube, and may then be left. Then, if it is inflated "with air or warm or cold water," it assumes the shape shown by the wood-cut. The dilator is sim-

ply a closed rubber tube, of which the outer extremity is made of much thinner material than the rest, and is therefore more distensible.

Dr. Storer, in commenting upon the dilator, called attention, in the first place, to the extreme delicacy of the instrument, and demonstrated the ease with which, upon a slight excess of pressure, as during a uterine contraction, if employed for procuring premature labor, it was ruptured, and therefore rendered useless. In the second place, to use air as the dilating medium was an extremely dangerous procedure, as he had pointed out to the Society at a previous meeting.*

As the employment of this especial form of dilator was intended to precede that known by the name of Dr. Barnes, of London, a bit of medical history was here involved, which might interest members of the Society. He would read from a paper presented by himself to the Suffolk District Medical Society, and published in this city seven years ago, but that had probably been seen by but few non-resident members of the profession: † —

* This Journal, May, 1870, p. 285.

† On Artificial Dilatation of the Os and Cervix Uteri by Fluid Pressure from Above. A Reply to Drs. Keiller, of Edinburgh, and Arnott, of London, by H. R. Storer. Boston Medical and Surgical Journal, July 2, 1863, p. 431.

"Those who are interested in obstetric surgery can hardly have failed to notice a controversy, for many months past (1862–3) carried on through the more important British journals, involving the question of priority as to suggestion and practical application in a matter of much importance, — namely, the dilatation of the cervix uteri from above, as a means of diagnosis and treatment.

"As one of the original claimants of the suggestion referred to, and, as I supposed, till within a few weeks, the only one with any legitimate ground for such claim, I have felt some little interest in the result. Not caring, however, again to enter the controversial arena, I should continue to remain a passive spectator, did not a more careful examination of the whole matter, to which I have been led by some recent allegations, compel me to break silence in simple justice to one of my opponents. It will be found, also, that this communication will not be without its value as bearing upon and instancing the law which should govern physicians, as all other scientific men, in the settlement of similar disputes.

"Immediately on entering practice, it became evident to me that the great field for advance in obstetric therapeutics was the interior of the uterus, — an opinion that was daily strengthened during the intimate relations to which I was admitted by Prof. Simpson in 1854–55.

"At that time the sole means, at all safe and reliable, of directly reaching the interior of the unimpregnated uterus, was by the use of expansible tents, then only made of sponge, first suggested for this purpose by Simpson in 1844.* It is true, that for the induction of premature labor, for which the method to be considered was first proposed to the profession by both Dr. Alexander Keiller, of Edinburgh, and myself, and for which its use is now urged by such competent authority abroad, there had been many measures suggested and practised, — all of them, however, acting either secondarily and by reflex action, as do galvanism, mammary irritation, puncture of the membranes, their separation from the uterus by bougies, the injection of water or air, an agent here so dangerous, or by the uterine sound, and also, there seems to me good reason for believing, the so-called oxytoxics, as ergot of rye; or by a stimulating or dilating force applied and first acting from below.

"These remarks apply with equal pertinency to all methods that had then been proposed, — to those of Hamilton and Hopkins; to the

* Edinburgh Monthly Journal of Medical Science, August, 1844, p. 734, — Obstetric Works, Vol. I., p. 125, Scotch edition; p. 128, American do.

flexible catheter left in the cavity of the uterus by Merrem, Krause, and Simpson; to the vaginal and cervical plugs and dilators of Brunninghausen, Osiander, Von Busch, Hüter, Gariel, and Braun; to the carbonic-acid douche, suggested by Brown-Séquard and so fatal in the hands of Scanzoni and others; and to the water douches of Kiwisch, applied to the vagina, and of Schweighauser and Cohen, to the uterine cavity. These several means, while they were applicable but partially and with varying success to the pregnant uterus, were wholly unfitted, with the exception of sponge tents, for opening up that which contained no fœtus; and for this the elastic bougies of McIntosh and the unyielding ones of Simpson, the spring-knife of the latter, the hollow tubes used by Wakley for urethral stricture and adopted from him by Baker Brown, and the instruments of Rigby, Graham Weir, Osiander, Busch, Krause, and Jobert, with expanding metallic blades, are either insufficient or attended with too much hazard.

"Caoutchouc bags or sacs, distended with air, had been proposed some years previously by Gariel,* for the treatment of displacement of the uterus by pressure from below, and for plugging the vagina in cases of hemorrhage. He had also suggested their possible introduction into the cervix, — not, however, through it, — for the purpose of overcoming stricture of that canal, and had even asked, 'if this property of the bulbous air-sound could not be turned to advantageous use in inducing premature labor?' here referring, however, to their use in the vagina, as had already been suggested by Huter and Braun. The proposals of Gariel, however, like those of Braun, were attended with singularly unfortunate results, Breit and others reporting a mortality of six patients out of fourteen.†

"To sponge tents applied to the cervix there attaches, as I have already intimated, various important objections. They are readily acted upon chemically by the uterine and vaginal secretions, and from their organic character quickly undergo putrefactive decomposition, subjecting the patient to a certain amount of risk from such possible absorption as is hereby implied. They act at times with great rapidity and force, and, where the tissues are morbidly friable, they may produce, if not very carefully made, unintentional and dangerous tension and laceration.

"From direct experience of these several dangers, it became my aim to find, if possible, a substitute for sponge in the dilatation of the cervix, and in May, 1855, in a paper read before the Medico-Chi-

* Gazette des Hopitaux, 1849, No. 141.
† Goschen's Deutsche Klinik, Berlin, 1853.

rurgical Society of Edinburgh, I proposed the use of tents prepared from the bark of our indigenous slippery elm.* Shortly after, during the publication of Dr. Simpson's Memoirs, I had again occasion to refer to the disadvantage of sponge under certain circumstances,† and at still greater length in a paper presented during the fall of the same year.‡

"The use of elm tents in my own hands, and those of others who have communicated with me upon the subject, proved that this agent is greatly superior to sponge in those cases where a slow and moderate action is desired, as, for instance, in mechanical dysmenorrhœa and certain forms of sterility; and as yet I know of nothing that will here better answer the indication, although during the course of my experiments in this direction I have tried a variety of other substances, as althea root, etc.; among them the root of gentian, afterwards made the basis of a memoir upon mucilaginous tents by an English surgeon, Dr. Aveling, of Sheffield (now of Rochester, Kent),§ in apparent ignorance of his having been anticipated by my suggestion of three years before.

"Steadily pursuing these efforts towards the solution of the interesting problem proposed, I again called the attention of the profession to its importance by a paper, published in Philadelphia early in 1859, in which were pointed out the several indications for artificial dilatation of the cervix uteri, and the several dangers attaching thereto, alike in the induction of premature labor, the assistance of the progress of accidental abortion and of labor at the full time, and the exposure of the uterine cavity for the purposes of diagnosis and treatment, both in diseases puerperal and non-puerperal.‖

"During the preparation of this paper, duly appreciating, as will be apparent from its perusal, the actual and relative value, in the assistance or induction of labor, of the several elements of action involved, — namely, dilatation of the cervical canal, detachment of the membranes from the walls of the uterus, and the prolonged preservation intact of the bag of waters, — I had frequent conversations upon the subject with my friend (the late) Dr. Nathan Hayward, of Roxbury (subsequently of St. Louis), and at that time associated with

* Association Medical Journal, London, May, 1855, p. 446; Glasgow Medical Journal, April, 1866, p. 116; Braithwaite's Retrospect, Jan., 1857, p. 247.

† Preface to Simpson's Obstetric Works, Sept., 1855, Amer. edition, p. 16.

‡ Boston Medical and Surgical Journal, Nov., 1855; Gardner, Causes and Treatment of Sterility, 1856, p. 148.

§ Medical Times and Gazette, June, 1858, p. 653.

‖ "The Use and Abuse of Uterine Tents." American Journal of the Medical Sciences, January, 1859, p. 57.

me in the conduct of the Eustis St. Dispensary. With his assistance, I contrived an instrument designed to combine the various indications just referred to, and this was used in practice upon the first favorable case that presented itself to us, on April 13th, 1859. The operation was entirely successful; labor was prematurely induced at the eighth month in a woman who had four times previously required craniotomy, and a living male child was delivered. The case was the more interesting to us from the fact that both Dr. Hayward and myself were present at her last previous confinement. I had turned and delivered the trunk, but it was found absolutely necessary to lessen the head from below before it could be made to pass.

"The proposal of the measure now resorted to, as I supposed, for the first time, was made at considerable length under the name of 'the uterine dilator,' and the case reported, in July, 1859.* I then stated that the instrument, introduced within the cavity of the uterus, produced its action in a threefold manner: 'reflexly, as a foreign body; reflexly and directly, by separating the membranes from the uterine walls; and directly, as a fluid wedge, by dilating the os; in each of these three respects, its effect being in proportion to the amount of distention applied. It should be noticed that this dilatation,' I also added, 'is from above downwards, while the tent dilates from below upwards.'† I referred to the similarity of this instrument to one suggested for the female urethra by Spencer Wells, of London, some months previously,‡ which in its turn had been taken from a modification by Thompson of James Arnott's urethral dilator, so forcibly brought forward as long back as 1818, both by himself§ and his brother Neil,‖ and shortly after by Ducamp in a memoir that received much approbation from the French Academy. I mentioned, also, the curious fact in the history of the various means that have been proposed for dilatation of the uterus, that they have all, without exception, been based, directly or indirectly, upon some method previously in use for the treatment of strictures of the male urethra.

"I have thus plainly stated my own position in relation to the plan of dilating the uterus by fluid pressure acting from above, and have shown the gradual and successive steps by which I arrived at

* American Journal of the Medical Sciences, July, 1859, p. 107; North American Medico-Chirurgical Review, July, 1859; Essay on Criminal Abortion in America, Philadelphia, 1860, p. 69.

† Loc. cit. p. 112.

‡ Medical Times and Gazette, July, 1858, p. 84.

§ Treatise on Urethral Stricture, etc., etc.

‖ Elements of Physics, p. 532.

my idea and its development. The medium employed for dilating my sac was water; to the dangers of air used for this purpose, as it has been by others who have taken part in this controversy, I then called attention, as I shall again do in the course of the present communication.

"Now as to opposing claims, which I shall endeavor to state with equal fairness, even at my own expense.

"In March, 1859, some six weeks earlier than the date upon which my own patient was confined, Dr. Alexander Keiller, of Edinburgh, a gentleman of great obstetric knowledge and skill, — to whose ingenuity in another matter, the suggestion and application of the vaginal stethoscope, I chanced to call attention in the very paper containing the description of my own dilator, — having independently conceived of the same idea, put it into successful practice in the presence and with the assistance of our mutual friend, Dr. Graham Weir. The case was immediately reported, it seems, to the Obstetrical Society of Edinburgh, and was mentioned by Dr. Keiller in conversation and at his lectures; but strangely enough none of the details were put in print until the publication of a summary of the Society's Records, on the very day of my own paper, namely, the 1st of July, 1859.* This was a brief abstract of Dr. Keiller's remarks, by the Secretary; his own first publication upon the subject, with the exception of three short and bitter controversial notes,† in the latter of which he did indeed quote from the Proceedings of the Obstetrical Society already referred to, was not till a period of four years afterwards,‡ although the profession had on more than one occasion been promised an immediate communication.

"On April 16th, 1859, just three days after my own application of dilatation by fluid pressure from above to actual practice, Mr. Jardine Murray, of Brighton, England, a former Resident Surgeon at both the Royal Infirmary and Maternity Hospital of Edinburgh, introduced an India-rubber air pessary in a case of hemorrhage from placenta prævia, into the cavity of the uterus, with the double intention of thus controlling the hemorrhage and of effecting dilatation of the os. Mr. Murray very honorably acknowledged his obligation for the idea to his former instructor, Dr. Keiller, by whom, however, he was bitterly assailed in the letters above referred to; and his case is

* Edinburgh Medical Journal, July, 1859, p. 84.

† Medical Times and Gazette, June 18, 1859, p. 639; Ibid., July, 1859, pp. 24, 75.

‡ Read before the Obstetrical Society of Edinburgh, Aug. 6th, 1862; an abstract from the Society's Records printed in the Edinburgh Medical Journal, February, 1863, p. 763, and the paper itself in the same journal, March, 1863, p. 782.

undoubtedly entitled to its claim of being the first of the kind put on record by publication, and the first in which the dilator seems to have been used as an intra-uterine plug for arresting hemorrhage. This publication was in June, 1859,* a fortnight before either my own views or those of Dr. Keiller appeared in print.

"In April, 1861, Dr. Robert Barnes, of London, well known for his contributions to obstetric literature, brought the subject we are considering before the Obstetrical Society of London; † his first application of the method to practice having been with a case of placenta prævia, in April, 1860, just a year subsequently to those of Dr. Keiller and myself. His paper was received with marked attention, and the discussion which followed is well worthy of general perusal. Dr. Barnes discarded, as I had already insisted should be done, the use of air for purposes of uterine dilatation, and claimed, as I had done, that water was the only allowable medium, going on to assert that by this means 'the practitioner was enabled to deliver almost at will, not only on a fixed day, but at a predetermined hour; a power that gives us control over cases of convulsions, obstinate vomiting, exhaustion from disease or hemorrhage, much needed and not hitherto possessed.' ‡

"In a subsequent paper, a year later, upon the new method of inducing premature labor 'at a predetermined hour,' Dr. Barnes seems more decidedly to claim the proposal as originally his own, § whereas, in fact, he but modified the shape of the dilating sac, making it 'fiddle-shaped,' so as to act from above and below, — a nicety that in practical application possesses little or no advantage over the original form.

"Finally, during the last month (April, 1863), ‖ there appeared a communication from Dr. James Arnott, of London, — to whose celebrity in former years, for his various applications of fluid pressure and congelation to medical and surgical practice, I have already alluded, — calling my attention, by name, to what he considers forgetfulness or intentional omission. The article to which I now refer is nearly identical with a letter by the same gentleman, ¶ published shortly after my first proposals in 1859.

* Medical Times and Gazette, June 11th, 1859, p. 506.

† Transactions of the Obstetrical Society of London, Vol. III., 1862, p. 107.

‡ Medical Times and Gazette, April, 1861, p. 456.

§ Edinburgh Medical Journal, July, 1862. It is to this paper that the profession are probably indebted for the actual publication of Dr. Keiller's views upon the subject, some nine months later, they being professedly in answer to Dr. Barnes' claim.

‖ Ibid., April, 1863, p. 968.

¶ Medical Times and Gazette, July, 1859, p. 69.

"It will have been noticed that in my own first communication, I acknowledged the fact that the instrument then proposed, like that suggested for the female urethra by Spencer Wells, was really based upon Arnott's dilator for the male.* Dr. Keiller, in his paper of March last (1863), allows that his own conception of the idea was from the instrument of Mr. Wells,† and Dr. Barnes also acknowledges that the original suggestion of fluid pressure for purposes of dilatation was by Arnott.‡ So far as I can ascertain, however, though Arnott in the various publications to which he has lately referred did recognize the real action of the fluid wedge, by which the distended membranes produced dilatation in labor, his application of the theory was to the os from below, or in the course of the cervix, if this canal remained uneffaced, and not from above it; an operation of entirely different nature, based upon an entirely different principle, and no more to be claimed by Arnott than those of Braun or Brünninghausen.

"Having thus stated all the facts in the case, it will be seen that, putting aside the measures of Hüter and Braun for inducing premature labor by dilatation of the vagina as entirely foreign to the subject, it is to Arnott and Gariel that belongs the credit of first suggesting the possibility of dilating the cervix uteri by fluid pressure directly applied to that canal, — in these instances from below; that in dilating the uterus by fluid pressure from above, although my instrument was already prepared for the purpose, Keiller really anticipated me by a few days in actual practice; that we both immediately made our discovery known to medical friends, and thus to the profession, and that our respective publications in print were made on the same day, in Philadelphia and Edinburgh. As regards priority of publication, however, Mr. Murray certainly forestalled us both, his case being the first thus recorded. Personally, I do not hesitate thus far to yield the credit to Dr. Keiller, merely claiming for myself independent conception and suggestion. To Dr. Barnes belongs the merit of forcibly presenting the subject to the profession at a later date, of endeavoring by modifications of our instruments to perfect one for practice, and of adopting my proposal of water as the dilating medium.

"So far, as regards our several claims to the original proposal of dilatation of the cervix by pressure from above. I have referred to the value of water as compared with air for the dilating medium. This

* American Journal of the Medical Sciences, July, 1859, p. 108.

† Edinburgh Medical Journal, March, 1863, p. 784.

‡ Transactions of Obstetrical Society of London, Vol. III., 1862, p. 120.

to my mind is practically as important as the idea of the dilatation itself, for it is a question that may often directly involve the life of the patient. Cases are already on record of sudden death from admission of air into the cavity of the uterus, especially towards the close of pregnancy and during labor. I need only refer to those instances by John Reid,* Simpson,† May,‡ Barry,§ Depaul, Gardner, Dalton, and others; and whether we are to suppose the fatal result produced by the passage of air into the abdominal cavity through an abnormally patent Fallopian tube, or its forcible injection thither by the uterine contractions, or are to accept the more probable alternative, as suggested by the younger Legallois in 1829, by Ollivier in 1833, and more recently by Reid, Simpson, Cormack,‖ and McClintock,¶ that the air is forced directly into the circulation through the uterine sinuses, and so kills by inducing paralysis of the heart from overdistention, or asphyxia from more gradually increasing obstruction of the lungs, it is impossible to lose sight of the danger. To this I have repeatedly called attention on former occasions, and a marked and fatal instance of its effect has just been communicated to me by my friend Dr. Hitchcock, of Fitchburg. In view, therefore, of the risk referred to, I have not hesitated to impress upon the students at present temporarily in my charge, the extreme caution necessary in manual or operative interference during labor, the impropriety of endeavoring to excite intra-uterine or intra-vaginal respiration, even by the method so ingeniously suggested by Dr. Jacob Bigelow, of this city,** and also the possibility of air sufficient to produce fatal syncope being thrown into the uterine cavity where premature labor is induced by the injection of water between the membranes and uterine walls, as in cases of death related by Guillier, Germann, Chiari, and others.

"In the instances of the new method reported by Drs. Keiller and Murray, dilatation was effected by India-rubber sacs into which air was forcibly thrown. Against rubber for uterine or vaginal application, used in any form except vulcanite, which as yet is afforded us in too unyielding a state, there is the insuperable objection that it is chemically acted upon by the fluids with which it comes in contact, and becomes at once offensive and irritating. If distended to any great extent, it is very liable to rupture, and if this be guarded

* Physiological Researches, 1848, p. 578.

† Obstetric Works, I., p. 719; II., p. 74; Edinburgh Medical Journal, Sept., 1861, p. 289.

‡ British Medical Journal, June, 1857.

§ Provincial Medical and Surgical Journal, November, 1850.

‖ London Journal of Medicine, Vol. II., p. 950.

¶ Medical Press, March, 1852, p. 147.

** American Journal of the Medical Sciences, April, 1829, p. 285.

against by an increase of thickness the introduction of the sac becomes proportionately more difficult. In the use of thin animal membrane for dilatation the same liability to rupture exists, unless, as suggested by Arnott, a delicate layer of a stronger substance, as silk, be interposed between two layers of the membrane. In practice I have more than once ruptured the membrane during its distention by water, and therefore know that what I have asserted of such danger where air is used, is not unfounded. What, then, can be said of the deliberate use and recommendation of air under these circumstances? Is it not an unjustifiable exposure of the patient's life to a grave and unnecessary risk? *

"To one other objection that might be alleged I must call attention, merely to state my belief that it is unfounded. There is no doubt that in the induction of premature labor by the injection of water at random between the membranes and the uterine wall, after the method of Schweighauser and Cohen, and as is now so commonly done, there is some liability of effecting an unfavorable change in the presentation of the child, and of inducing hemorrhage by partial separation of the placenta. It is also possible, as in two cases lately related by Simpson,† that rupture of the uterus, from excessive overdistention, may thus be produced. These remarks, however, do not legitimately apply to the subject now under our consideration. The extent of separation of the membranes, of dilatation of the cervix and of additional distention of the uterus, by the use of the enclosing sac we have proposed can be kept perfectly under control. The amount of dilatation and its exact location are accurately known from the size and position of the sac, and, in case of necessity, by a mere turn of the stopcock we can at once effect the entire escape of the fluid and collapse of the dilatatorium.

"The method we have now discussed, it will have become evident, is applicable not merely to cases requiring the induction of premature labor, but wherever for any other reason it is desirable to have free access to the uterine cavity, as for the removal of tumors, etc., etc."

Those interested, continued Dr. Storer, in the progressive development of the new idea, would do well to

* I might refer to various other points, of practical importance in this connection, but prefer to leave them in the hands of an intelligent and talented gentleman of the present medical class (1863), Mr. Greene, of Fitchburg (now, 1870, practising in Dorchester, Mass.), who is preparing a monograph upon the subject. (Dr. Greene's paper appeared in the American Journal of the Medical Sciences for January, 1864, and portions of it are quoted in the Journal of the Gynæcological Society for May, 1870, p. 287.)

† Edinburgh Medical Journal, September, 1861, p. 280.

compare Dr. Barnes' earliest papers upon the subject, as in the "Edinburgh Medical Journal" for 1862, and the "Obstetrical Transactions" for the same year, with his remarks in the admirable work he has lately given to the profession.* It would be apparent that the point made by Dr. Storer that the dilatation to be safest and most effective should be in close imitation of nature, and therefore "*from above downward*," was correct, and it would be perceived from Dr. Barnes' very cautious admissions, whence it was that the suggestion so admirably and successfully carried out by him and now so generally accepted by the profession, was in reality derived.

Dr. Field asked if there was much risk from the injection of air into the uterus during the two or three weeks preceding the close of gestation, the uterine sinuses not being exposed previous to the detachment of the placenta.

Dr. Warner thought that there could be no doubt of the fact. A portion of the placenta might be as readily detached by the injection of air as by that of water, and then the exposure referred to certainly did occur.

Dr. Storer, referring to the advantage that was often gained in uterine cases of a strumous character by the administration of

COD-LIVER OIL,

exhibited a specimen of that prepared by Capt. Nathaniel E. Atwood, of Provincetown, Mass., as probably the best ever put upon the market in this country. Of its purity he could vouch from personal inspection of its manufacture. Much has been said concerning the inability of patients to take cod-liver oil, but in most in-

* Obstetric Operations, including the Treatment of Hemorrhage, p. 312. Amer. Edition. D. Appleton & Co., New York, 1870.

stances it would be easily tolerated if not taken upon an empty stomach. Wherever it was not readily digested the difficulty could be overcome, as has lately been shown, by combining the oil with a small quantity of ether.

Dr. Field stated that he had been for some time employing Dr. Dobell's pancreatic emulsion, and had resorted to many expedients for destroying its ethereal odor and flavor. He was afraid, however, from what had been said by Dr. Storer, that this had been an erroneous procedure.

Dr. Weston recurred to the importance, in exhibiting cod-liver oil, of its following or accompanying the ingestion of food, and believed that many of the objections that had been made to the agent by patients and physicians, had been in consequence of the employment of an inferior or adulterated article.

Dr. Sullivan mentioned a case, reported by Dr. Chambers in his work on "Indigestions," where the administration of a large dose of pancreatic emulsion had been followed by an epileptic fit.

Dr. Blake thought it of advantage to consider the oil as taking the place of ordinary fatty articles of food, and that the coincident use of ether might be of much benefit.

Dr. Storer read extracts from a letter from Dr. Fisher, of Sing Sing, N. Y., to the effect that his view of the

CAUSATION OF MONSTROSITIES BY DUPLICITY

had been anticipated, it was not stated by whom, but Dr. Storer had written to ascertain. Dr. Fisher still held to the theory of development of independent cicatriculæ, propounded by Allen Thompson in 1844, using the following language, which would seem to render the

confusion of ideas already existing worse confounded: "The cicatriculæ were either completely or incompletely double, call them fissured, if you please. I use," continues Dr. Fisher, "the word 'splitting' of the cerebro-spinal axis in every place where I speak of the duplicity."

The Secretary read a communication from Dr. J. H. Butler, of Baltimore, Md., upon

GASTROTOMY FOR THE SAKE OF THE MOTHER, AND NOT OF THE CHILD.

[This paper was published in the Journal of the Society for July, 1870.]

Dr. Storer remarked that though the Society was in the habit of declining communications of a strictly obstetric character, the present might be considered to a certain extent as an exception, inasmuch as there were questions involved of general gynæcological interest. It would be recollected that Dr. Butler had previously put upon record a successful case of gastrotomy.* It is possible in the case now reported that the result might have been different, had the operation been performed earlier. It was Dr. Butler's opinion that his chances might have been increased by the exhibition of ergot immediately before the operation, with a view to insure greater uterine contraction. Dr. Storer thought this somewhat doubtful, but believed that in these cases it was of importance to suture the uterus by wire. There was reason to believe this of advantage, not merely from its preventing the escape of coagula or pus into the peritoneal cavity, but from the greater likelihood of the uterine contraction being kept persistent by the irritation of the wires.

* Baltimore Medical Bulletin, January, 1870.

Dr. Ordway spoke of his method of treatment of

FISTULA IN ANO,

which he had communicated to the Suffolk District Medical Society, in October last. He thought that the popular prejudice against the use of the knife should be respected. There was no necessity in these cases for interfering with healthy surrounding tissues. Dr. Ordway's method is by a ligature smeared with irritating ointments and gradually tightened. He thinks that by gradual division in this manner there is less likelihood of permanent interference with the integrity of the sphincter ani than when the knife is used. Where section has been successfully employed, he thinks it has usually been in the case of short fistulæ, only involving the edge of the sphincter, and that where recovery has ensued with a more extensive fistula, the patient has had an unusually good constitution. He does not believe that patients should be kept in the house while under treatment, but that they should go constantly into the open air, — a point of a good deal of importance to laboring men who cannot spare the time to be laid up at home.

The following is the detail of Dr. Ordway's treatment in complete fistula: Alterative injections are used to soften the parts; the threads of varying size, soaked in a solution of carbonate of potass, are brought through and tied, and subsequently tightened by toggling or twisting.

Dr. Ordway gave the details of cases that he had thus treated, and referred to others, by name, where the knife had been unsuccessfully used.

Dr. Blake could not see that any harm could follow from division of the sphincter in young and healthy per-

sons. He had seen many operations of the kind, both at the Massachusetts General Hospital, where he was formerly house pupil, and at the City Hospital, to which he was now attached, and had known of very few bad results, and these in the old and debilitated, or persons with constitutional disease. Ordinarily a cure would be effected in from two to three weeks.

Dr. Sullivan did not believe that there usually resulted any more harm from the use of the knife than from the forcible rupture of the sphincter, the advantages and innocuousness of which were so familiar to the members of the Society.

Dr. Ordway again called attention to the disinclination of patients to have the sphincter ani, of all muscles, permanently ruined, and to the importance of allowing patients to keep at their work. He claimed, moreover, that the new method was always certain of its result, while division by section was not.

Dr. Sullivan had operated a dozen times or so by the knife; in some of the instances, when the inner opening has been very high up. The ages of his patients had varied; in one case, it was a child of fourteen, that had received a kick upon the perineum; another had reached fifty-five, and still another was over sixty, and addicted, besides, to the use of liquor. They had all recovered, and with perfect control over the sphincter. The old method by the knife possesses the advantage of celerity, and, where an anæsthetic is given, of freedom from pain. If the fistula is multiple and attended with burrowing, the knife is less certain; but these cases he had considered were incurable by any treatment. They might perhaps be benefited by the injections suggested by Dr. Ordway. He did not suppose that any man in his senses would divide the sphincter by the knife in phthisical or syphilitic patients.

Dr. Ordway would add that in cases attended by induration, the knife did not remove this condition, while it increased it by exposing the parts to irritation by contact with the fæces. If the induration were wholly excised there would be too great subsequent contraction. Nelaton advised against operating in phthisical cases, not because it would kill the patient, but because the parts would not heal. He had himself, however, found no difficulty in closing fistulæ by the ligature in consumptive patients. Induration was more likely to be removed by slow than by rapid division.

Dr. Sullivan thought that if patients were sure to recover by incision where fistulæ were simple and soft, there was no need of any better way.

Dr. Ordway replied that they were not sure to recover, and that the access of fæces would irritate the wound.

Dr. Sullivan remarked that this possibility was easily prevented by constipating the bowels and protecting the wound by lint. He did not think that cases ordinarily failed to heal where the general health was good.

Dr. Warner referred to the fact that the treatment of fistulæ by ligatures was in reality an old method. He had thus treated patients several years ago, both in Chicago and St. Louis.

Dr. Storer alluded to the various methods of applying the ligature that had been proposed, and exhibited diagrams illustrative of their use. It would be recollected that this matter had been discussed at the last two meetings of the Society.*

Dr. Both thought that the important point in the treatment of fistula was not to prevent irritation from the fæces, but to destroy the pyogenic membrane. For

* See this Journal, April, 1870, p. 221, and July, p. 19.

this purpose simple seton-threads were as useful as tying, and in some cases the knife was essential.

The President, Dr. Lewis, had always been accustomed to use the knife. He had considered it the better method, and now saw no reason to change his opinion.

Dr. Field had been much interested in the discussion. Anything that would save a patient from the knife was of importance, as in the case of Paget's treatment of carbuncle, where the barbarism of the crucial incision was avoided. He would ask if it was not also true of the treatment of

FISSURE OF THE ANUS.

He was accustomed to consider applications and injections of tincture of rhatany as almost a specific for the affection.

Dr. Ordway had not been so fortunate. He had, however, found benefit from applications of carbonate of potass, and subsequently of red lead ointment. He thought the indolence of anal fissures in healing confirmatory of his views about fistula.

Dr. Blake was frequently meeting anal fissure, and, while he formerly found its treatment tedious and unsatisfactory, he was now effecting an immediate and permanent cure by rupture of the sphincter by forcible distention with the thumbs, as suggested by Dr. Storer. He referred to Bodenhamer's objections to this operation, and accounted for them on the supposition that he had had no practical experience of its performance. Dr. Blake mentioned other affections of the rectum, in which he and his friends had found the greatest benefit from the procedure. There was one very important advantage that it gave, — the irritable sphincter was quieted and the parts were allowed to rest, and thus to heal.

Dr. Storer was glad to learn that the operation, which had been so decried in Boston, was at last being adopted. The credit of introducing rupture of the sphincter into this country belonged not to himself, but to Prof. Van Buren, of New York. It was first practised by Recamier. So far as Dr. Storer could learn, however, both these gentlemen had used it only for treatment of anal fissure, while he had extended its use to most of the other affections of the rectum. He had very lately learned that Dr. Van Buren was now also using it for the relief of hemorrhoids, in accordance with the method described by himself to the Suffolk District Medical Society several years since.

Dr. Field had great respect for the treatment by rupture, and intended by his previous remarks only to condemn the use of the knife.

Dr. Warner thought it a very great advance to be able to put the sphincter ani at rest. Cure would then be effected, no matter how frequently the bowels were moved. During the two years that he had been with Dr. Storer he had certainly seen rupture performed in several hundred cases, and there had never been any subsequent loss of retentive power. In more than one instance the operation had been subsequently repeated in the same patient for some other indication, without any evil result.

Dr. Storer alluded to the importance of diseases of the rectum in their relations to uterine disease, — a point to which he had previously called the attention of the profession.*

The Secretary read a communication from Dr. Henry A. Martin, of Boston Highlands, upon

* American Journal of Obstetrics, etc., New York, May, 1868, p. 66; August, 1868, p. 119; November, 1868, p. 206; and February, 1862, p. 362.

DEATHS FROM SULPHURIC ETHER; ITS RELATIVE MORTALITY PROBABLY GREATER THAN THAT FROM CHLOROFORM.

[Dr. Martin's paper was published in the Journal of the Society for July, 1870.]

Dr. Warren considered the point made by Dr. Martin, that, in deciding the question, attention should be given to the mortality of ether and chloroform relatively to the whole number of cases in which each of these drugs has been administered, a very important one. The usual way of reckoning was unfair and fallacious. Dr. Warren referred to evidence upon the danger of sulphuric ether, that had been brought before the Society at a previous meeting.*

Dr. Blake had shared in the Boston prejudice against chloroform. He had, however, never seen it used, save in one or two cases by Dr. Storer, and then it had certainly behaved well.

Dr. Both stated that the more distinguished German surgeons, as Langenbeck and others, had at first employed ether, and then, on account of its unpleasant consequences, had given it up for chloroform, which was now almost universally used. The constitutional effect of ether was very much like that of prolonged intoxication. Much of the mortality of chloroform, upon which so much stress has been laid, has been owing to the fact that many physicians, otherwise well informed, have been perfectly ignorant of the different physiological effects of the two drugs, ether and chloroform. It is no uncommon thing for dentists to use chloroform just as they would ether, with but little regard to a proper ad-

* For discussions by the Society upon the Safety of Chloroform as compared with Sulphuric Ether, see this Journal, February, 1870, p. 67; April, p. 200; and July, p. 26.

mixture of air. As well might objections be made to the surgeon's knife, if it was improperly used.

Dr. Storer referred to the different effect of the two drugs upon the cerebrum, — the one producing anæmia, and the other hyperæmia, of the brain, as shown by direct observation in cases where a portion of that organ was exposed. In a late case, occurring in his own family, where one of his sons had fractured his skull, he had not hesitated to put the boy several days afterwards, when he had recovered his consciousness, under chloroform for an hour and a half, while Dr. Cheever was exploring for any concealed injury. In this case, the surgeon's opinion was that chloroform had behaved better than ether would probably have done. The tabulation of deaths from chloroform had been made with extreme unfairness.* The mortality always existing, and that had been present long before anæsthetics were thought of, from shock, etc., was now attributed to chloroform.

Dr. Norris had seen somewhat of the Scotch side of the controversy in his late visit to Edinburgh. In a large surgical experience, during the war, he had known but two cases of death while chloroform was being administered. In one of these instances a mixture had been used, — two parts of ether to one of chloroform. He would ask Dr. Storer his experience in this respect.

Dr. S. replied that he considered a mixture of the two agents, no matter in what proportions, more dangerous than either of them alone, in consequence of the different specific gravity of the vapors and the consequent impossibility of judging as to the amount and strength of what was inhaled. Much of the mortality from anæsthesia was due to the neglect of very simple precautions

* See this Journal, April, 1870, p. 254.

which the profession would yet learn to properly appreciate.

The Secretary presented from Dr. C. C. Cox, of Washington, D. C., Chairman of the Committee upon Necrology of the American Medical Association, a memorial requesting the assistance of the Society in preparing worthy notices of any eminent physicians of this State who may have deceased during the past year.

Upon motion, the President appointed Dr. Sullivan as a Committee on behalf of the Society to furnish Dr. Cox the aid desired.

A communication was read from Dr. Wm. B. Atkinson, of Philadelphia, Permanent Secretary of the American Medical Association, announcing the time and place of the annual meeting of that body.

Adjourned.

ABDOMINO-VAGINAL IMPALEMENT.

By W. M. James, Whitesboro', N. Y.

[*Communicated to the Society, and read April* 19, 1870.]

Mrs. Kate Tobin, aged twenty-seven, Irish, is the mother of three children, the youngest of which is about eighteen months old. Upon Feb. 4, 1870, at about five o'clock p. m., Mrs. T., with pail in hand, went to the barn, twelve to fifteen rods distant, to milk. When she had finished milking, she clambered upon the mow in search of hens' eggs. At the point from which she expected to leap from the hay a three-tined pitchfork was standing, the top of the handle being about the same height as the hay. The tines were firmly thrust in some straw or hay on the floor, which prevented it from slip-

ping. As she slid from the hay the handle entered the vagina, and perforated it a little to the right of the median line, between the cervix uteri and the rectum. It passed along a little obliquely till it struck the ninth or tenth rib, near the spinal column upon the left side of the body. The handle, suddenly arrested by the rib, held her firmly, so that she was carried directly over at a right angle from the mow, suspended upon the end of the handle. After repeated efforts the woman succeeded in removing the fork, and started for the house. When she had gone about two rods, from the shock and loss of blood, she fell upon the snow. After a short time she rallied, and by holding upon the fence managed to get into the house alone, and threw herself upon the bed, where she lay when her husband found her in about three-quarters of an hour. Shortly after, a physician being summoned pronounced the case fatal, and left small anodyne powders to be given occasionally.

I was called to take charge of the case about nineteen hours after the injury. I found her lying upon the back, with the left limb semiflexed. She complained of great pain and tenderness over the left inguinal and iliac regions, extending up as high as the ninth rib. The severest pain and greatest tenderness upon pressure were opposite the ninth or tenth rib, about half an inch from the spinal column, where the end of the handle was arrested. Her tongue was covered with a whitish fur. She vomited in the night, and continued so doing at short intervals up to this time. Urine has been voided since the injury without much difficulty. Pulse one hundred and twenty. Skin hot. Intense thirst. Countenance expressive of great anxiety and suffering.

A vaginal examination revealed an opening behind and to the right of the cervix uteri, which freely admitted the index finger. There has been considerable discharge

of blood, which still continues, but gradually becoming less copious. The discharge is somewhat fetid. Ordered morphine in doses sufficient to arrest the pain. Compresses wet in a solution of morphine and acetate of lead were applied over the region of tenderness. The upper part of her body was elevated so that the fluid might escape freely. A solution of Labarraque's chlorinated soda, ℥ ss. to water Oi., was used with a syringe gently, twice daily, to cleanse the vagina of offensive discharges. A mild fluid diet was prescribed.

In the evening she was more comfortable.

6th. — Pulse one hundred. Skin moist. Tongue covered with a brownish fur. Not so much thirst. Vomiting less frequent. Before my arrival she walked out of the bedroom, with her husband's assistance, to have the bed made. Ate a small cracker, a little oyster broth, and drank some tea since last evening. Treatment the same.

7th. — Pulse one hundred. The patient is more comfortable than at any time since the injury.

8th. — Pulse eighty-six. The patient complains much of pain in the left knee and thigh. She had a comfortable night. She has some appetite for food. The vomiting has ceased. The discharge in quantity is still about the same as at ordinary menstruation.

9th. — The patient is not so well. She had a very restless night. Pulse ninety-six. The limb is very painful. There is more pain in the back and bowels. She is very thirsty. Ordered the upper part of the body to be elevated still more to favor the escape of the fluid. In the evening she was easier. Pulse still over ninety. Hops and wormwood were steeped and applied externally.

10th. — Pulse ninety. The patient rested better last

night. Tongue slightly furred. There was much pain in the back and limbs. She was quite thirsty.

11th. — No particular change.

12th. — She was about the same. Having made several ineffectual efforts to evacuate the bowels in the afternoon, an enema was given in the evening of warm soap-suds, which produced a copious fæcal discharge. The vaginal discharge has ceased.

13th. — Pulse one hundred. Her appetite was improved. Night comfortable. The patient experienced severe pain in the back, of a throbbing character. Opposite the ninth and tenth ribs, near the spine, there was a swelling, which was very tender upon pressure. There was indistinct fluctuation.

14th. — Pulse one hundred and four. The patient rested well. No great change. Lotion of sulph. ether and spts. camph. was applied externally in place of the wormwood. Quinine was added to the morphine.

15th. — Pulse one hundred and four. There was severe pain in the back. By use of an enema the bowels moved again this evening.

16th. — Pulse one hundred and four. Tongue dry. Very thirsty. She had no sleep all night. There was great tenderness over the entire abdomen, but the tenderness was greatest on the left side. The swelling in the back was larger, and fluctuation was distinct. Chloroform was administered, and the abscess opened opposite the tenth rib about half an inch from the spinal column. It discharged over a pint of thin, dark, extremely fetid fluid, containing several small clots of partially decomposed blood and shreds of cellular tissue several inches long. In the evening was quite comfortable. Pulse eighty. The discharge was quite copious all day. A poultice of flaxseed was applied over the abscess.

17th. — Pulse eighty-two. The patient rested well last night. The discharge was very free.

18th. — Pulse seventy-two. The patient was better. The discharge was less copious. Her appetite improved. A solution of carbolic acid was added to the poultice, as the discharge was extremely fetid.

19th. — Pulse sixty-eight. The thirst less and the tongue cleaning off. The discharge was less offensive, and assumes the character of healthy pus.

March 9th. — Since the last note the patient was seldom visited. The opening to the abscess closing up, the pus was retained, and produced general disturbance. Chloroform was administered and the abscess reopened, and discharged freely.

20th. — Since the last date the patient has constantly improved. The discharge was less copious, and thicker. She began to menstruate yesterday, nothing unusual attending it. Her previous menstruation was on the 12th of January. She sits up several hours daily. She has gained in flesh considerably of late.

25th. — There has been constant improvement. The patient is up all day, and does a part of her housework. The discharge is still less, probably ℥ ii. in the twenty-four hours. She rode about a mile out and back to-day without any unpleasant effects.

Indications point to recovery, which at no distant day will probably be complete. The fork handle was a little longer and larger than usual, smooth, and rounded at the extremity. It must have penetrated the body from fifteen to eighteen inches. Mrs. T.'s weight was one hundred and eighty pounds, hence the injury was greater on that account. The vaginal perforation seemed to be completely closed on the twelfth day.

April 3d. — There has been gradual improvement in her condition since the previous date. She is up all day,

and does most of her work. The discharge from the back still continues about ℥ ii. in quantity daily.

9th. — The opening had closed up so that the discharge did not escape as freely as it should. She took chloroform, and the opening was enlarged nearly an inch vertically, and the same horizontally, giving vent to several ounces of pus. After syringing the cavity freely with warm water and a solution of carbolic acid, the opening was filled with a tent to prevent its closing.

23d. — Since last note the dressing of the wound has been the same daily as at that time, and the discharge has nearly ceased. Her general condition has been constantly improving, corresponding to the local improvement.

May 2d. — The discharge from the back has ceased, and the skin is entirely healed. She feels much pleased at the result.

20th. — There has been no further trouble since last date. One week from that time she did her own washing for five in the family and all her house-work entirely alone.

She has gained steadily in flesh, but is not yet quite up to her old standard. The left limb has been more or less painful and lame from the first, and is slightly so at present. She is able to walk without limping, and to stand perfectly erect on both feet. Menstruation has returned three times, a little more painful and less copious than before.

It is about three weeks since all discharge ceased, and there are no indications but that we have a permanent recovery.

ABSENCE OF THE UTERUS.

By Alfred C. Garratt, Boston.

[*Communicated to the Society, and read April 19, 1870.*]

Miss D——, aged nineteen, but appearing younger, a plump, medium-sized girl, with delicate features, blonde hair and blue eyes, a pale, pretty, lady-like face, puffy hands, and swollen ankles, came to my office, with her mother, for the purpose of receiving some electrical treatment for what was supposed to be a general state of atony, poor blood, and a long-standing amenorrhœa. She had always been a well girl, with this exception, for which she had for a long time been under the care of a homœopathic physician. She was the only daughter of healthy, wealthy, and refined parents. Her feet and hands were cold; complained of no pain, but of a general state of depression and lassitude. Indeed, she declared that she felt better than she appeared to others to be, but knew that she ought to be unwell at regular periods, as other young women are. She strongly contended that she had no sort of vaginal discharge, or other uterine derangement, excepting the want of her regular periods. Her appetite was moderate, bowels tardy, and she slept prodigiously. The pulse was about sixty-six.

At first electro-magnetism of good strength was applied to her generally through fine sponge electrodes, gliding them from place to place over the back, abdomen, and limbs for fifteen minutes every other day (according to method thirteen, as laid down in my works), so as to be to the nervous system a radical tonic. At the same time she was ordered bark and iron, and out-door exercise in place of music, — all of which

was actively carried out for one month. At the end of this time, middle of March, there was marked improvement in the color of her face, and in the general health and strength, but there was no appearance of the menstrual flux. She and her mother assured me from time to time that she had since fifteen years of age occasionally a "little show," although by no means regularly so. Going on the second month I requested a digital examination, which was declined; and she was at once informed that she would be referred to another medical gentleman, who would make the necessary investigation warranted under the circumstances, as I could go no further in the dark. When they came again she voluntarily consented.

March 20th. — Was ordered a bitter infusion of chamomile, columbo, and gentian, a rare-meat diet, with ale, horseback exercise, and the usual sittings for electricity three times a week, to be followed at the close of each *seance* with twenty or thirty *shocks* of galvanism through the pelvis (produced by striking the key of the keyboard, thus leading on the combined powers from seventy or eighty Daniell's elements). The digital investigation revealed, as I thought at the time, an imperforate hymen. By further exploration with a female catheter and probe, no aperture could be found except the urethra, the mouth of which was dilated so as to admit the tip of the little finger. There was no tense hymen, as there would be if the menstrual fluid was pent up, nor was the abdomen enlarged, nor was she anywhere tender to the touch. There were well-developed labia pudendi, and considerable, though excessively fine, hair upon the pubes. I found only a superficial cul-de-sac at about the region of the vaginal constrictor muscle.

April 2d. — With a note of introduction the patient

was sent, without hinting to him this part of her troubles, to Dr. Horatio R. Storer, as a surgeon of great experience in the diseases of women, who would confirm or correct my opinion, and take better care of the case than I could. He kindly examined and prescribed for the young lady, but without digital examination, because there was no enlargement of the abdomen, and because of her appearance and story of improvement the past month. He advised her to take strychnia, quinine and iron, and horseback exercise, and then referred her back to me to push the electrization according to my own discretion. This was continued in good faith for some three weeks more, when she saw Dr. Storer again, and he made examination of the private parts. The obstruction was discovered, and he announced such facts as confirmed my diagnosis of atresia.

April 19th, at three o'clock P. M., I was invited to meet Drs. Storer and Warner, at the home of the young lady, in Rutland Square, when she was etherized, and the bladder emptied, preparatory for more thorough exploration and operation, if found advisable. Dr. Storer soon satisfied himself that there were no obstructed menstrua, nor was there even any vagina or uterus to be discovered. He then ruptured the sphincter ani muscle (which I was surprised to see done so readily, with so little force, no appearance of blood, and no subsequent tumefaction), so that now two fingers together could easily be passed up the rectum, and nearly two inches further up than one could be passed before. With the catheter still in the bladder the intra-pelvic viscera could be freely explored as high as to the promontory of the sacrum. Still no womb could be made out, only a tense transverse band could be reached, which seemed to be a malformation of the broad ligaments. A very small rudimentary pocket was found, that might

hold a pea, close back of the urethra, which Drs. S. and W. dilated and made somewhat deeper by means of finger and instrument, but no deep cutting seemed to be called for. The bosom was now examined, and found with good nipples, but almost as flat as in the male of the same proportions. One advantage at least was gained by the investigation; we learned the uselessness of forcing measures for bringing on her menses.

HEMORRHAGE FROM ABORTION TREATED BY PERSULPHATE OF IRON TO THE INTERIOR OF THE UTERUS.

By F. M. Robertson, Charleston, S. C.; Professor of Obstetrics and the Diseases of Women, in the Medical College of the State of South Carolina.

[*Communicated to the Society, and read June 7, 1870.*]

Mrs. O——, the subject of this case, was aged thirty-four years; had been married fifteen years; of small stature, and delicate in personal appearance. She had borne nine children, at the full term of gestation; one dead fœtus, at eight months, — encysted in its own membranes, followed by alarming hemorrhage, — and three abortions, making in all thirteen conceptions.

As the circumstances attending the dead fœtus at eight months are not devoid of interest, I will briefly allude to them. In 1867 she supposed herself to be at about the sixth month of pregnancy, when she discovered, without any assignable cause, that the motions of the fœtus, which had previously been active, had ceased, the usual sickness of stomach disappeared, and the abdomen not only did not continue to increase, but, from the gravitation of the uterus, appeared to be smaller. In fact, all the evidences of normal gestation had en-

tirely ceased. About two months after the date of the above symptoms, she was taken in labor, which progressed normally, and she was delivered of a dead fœtus, which appeared to have arrived at the sixth month of intra-uterine life. It was not decomposed, as it had been encysted in its own membranes, which were thickened and tough, requiring to be ruptured by the probe during parturition. The child presented a purplish or leaden hue, and the usual macerated appearance under such circumstances. The placenta was spontaneously detached as soon as the uterus contracted, which was in about fifteen or twenty minutes. A minute examination of the placenta was not made. It was evidently much thickened and tougher than usual. The uterine action did not return regularly, and profuse hemorrhage set in, which was arrested with great difficulty. The patient made a slow recovery. No cause could be assigned for the death of the fœtus; no traces of concealed, or what is usually called "accidental hemorrhage," could be found on the placenta. How far the condition of the uterus, arising from repeated impregnations at short intervals, may have contributed to bring about the extinction of fœtal life, is but conjecture. After her recovery, she became pregnant again, and carried the child to the full term; had a favorable labor, and recovered rapidly.

This lady became pregnant again some time in the month of December, 1869. The gestation progressed normally until the sixth of April, 1870. She believed herself over four months and a half pregnant, though she had not felt the fœtal movements. On the evening of the sixth she observed a slight show, but without pain. This slight show continued the next morning, but not in sufficient quantity to create alarm. In the course of the morning a message was left at my office,

requesting me to call and see her in the course of the day. It was some time after twelve o'clock before I returned to my office, and, upon receipt of the message, I drove immediately to her residence. Upon entering the room, I found her in a fainting condition, with copious hemorrhage. The nurse, who was fortunately with her, informed me that the discharge had become suddenly profuse, upon which she had administered some whiskey and water. She was not suffering from pain when I first saw her, but upon introducing the finger into the vagina, I discovered that she was flowing freely. I, at once proceeded to make a thorough examination, and found the amniotic sac protruded into the vagina, filled with fluid. The fœtus and a large coagulum were caught in the os, and blood was still flowing copiously. I removed everything that was within reach, hoping that the uterus would then contract sufficiently to arrest the hemorrhage and expel the placenta. There was extreme sickness of the stomach; pulse scarcely perceptible at the wrist; at times she was unconscious or incoherent; dimness of vision and pinched countenance; in fact, all the symptoms of rapidly sinking from hemorrhage were present. Stimulants were continued, and mustard applied to the epigastrium. While I sent for tinct. ergot and persulphate of iron, I determined to attempt the removal of the placenta by manual interference. By carrying my left hand into the vagina, while the uterus was pressed down with the right hand over the supra-pubic region, I finally succeeded, with the index and middle fingers, in detaching and removing the entire placenta. In the mean time, the tinct. of ergot and iron had arrived. Two teaspoonfuls of the tinct. of ergot in whiskey and water were given, and repeated in fifteen minutes. The sickness of stomach continued, and, finally, the whole of

the ergot and whiskey were rejected, no part of which seemed to have been absorbed. The ergot and stimulants were continued. Ice and compression over the supra-pubic region were used, and a lump of ice carried into the vagina, and held within the os. These means produced but slight uterine action. The ergot and stimulants were again rejected, and the uterus became relaxed; and the hemorrhage continued so freely that all the symptoms of immediate exhaustion returned. Under this unfavorable condition of my patient, in which speedy death appeared to be inevitable unless the further flow of blood could be arrested, I resolved upon the use of the liquor ferri persulphat. applied directly to the bleeding vessels within the cavity of the uterus. I desisted from the use of the ergot and stimulants by the mouth, as I was satisfied they would only oppress the stomach without being absorbed. For the application of the persulphate of iron, I used an ordinary whalebone probang, armed with a sponge on the extremity. One part of the liquor ferri persulphat. to two parts of water was used. The sponge was well saturated with the solution. Two fingers of the left hand were carried up to the os and slightly separated; the sponge was introduced partly between and along their palmar surfaces, carried into the uterus, and brought freely in contact with its internal surface. The flow was at once partially diminished, and the uterus commenced to contract feebly. The flow not entirely ceasing, the sponge was again saturated with the solution and reintroduced into the uterus. After the second application, the flow ceased and sharp uterine contractions came on. From the cessation of the hemorrhage, the patient commenced to recover slowly, and I was enabled to leave the case in the course of three hours from the time the sponge had been introduced.

As soon as the stomach could bear it, a little well-boiled gruel was administered, which was retained. The patient was placed upon animal broth the next day, and recovered without a single unpleasant symptom. The after discharge was slight and colored by the persulphate of iron.

Although abortion may be considered by many as a trivial matter, yet we are sometimes called to take charge of cases accompanied with, and followed by, the most frightful hemorrhage. Robert Barnes, of London, in his recent work on Obstetrical Operations, in which the whole subject of uterine hemorrhage is ably handled, makes the following judicious remarks: "Women are apt to think lightly of miscarriage; and many medical practitioners who have not seen more severe cases countenance this error. They can scarcely be persuaded that abortion may cause death. It is a common belief that the hemorrhage, however profuse, will stop in time, and that the patient is sure to rally; but this is not the experience of those who are largely consulted in difficult cases. I have known not a few deaths from primary hemorrhage and shock, not a few from septicæmia, some from inflammation; and have seen many women, who have, indeed, escaped with their lives, but only to suffer for years afterwards from anæmia, and other disastrous consequences." Even in post-partum hemorrhage, Barnes advises the injection of styptics into the uterine cavity. He prefers the perchloride of iron. There may not be much difference between the two articles, but I have always used the persulphate. I shall close these remarks by quoting his manner of using the perchloride in abortion. "When the cervix has been well dilated, and the uterus been emptied of its contents, there is rarely any more hemorrhage; the patient is then, generally, safe. But should there be

any return, I strongly urge the application of the perchloride of iron to the inner surface of the uterus. This acts as an immediate styptic, and may be relied upon to check any further bleeding. The mode I prefer in this case, when the cervix is widely open, is to soak a piece of sponge, fixed on a whalebone stem, in a mixture of one part of strong liquor ferri perchloridi, of the British Pharmacopœia, with three of water, and to pass this into the cavity of the uterus as a swab."

EDITORIAL NOTES.

THE JOURNALS, WITHOUT EXCEPTION, are accepting in a kindly, cordial spirit the suggestions contained in Dr. Davis' admirable address to the Association of American Medical Editors. His praise, when given, is felt by all to be deserved; his criticisms, though few, are confessed to be well founded, and it is the business of members of the Association to take them to heart.

Personally, we hope to see a more active interest taken by our contemporaries in the great medical questions of the hour. We have already presented in these columns brief extracts from Dr. Davis' reasonings upon this point. He says further: "In our estimation, no part of our medical periodicals is more deficient than that which is expected to be filled by editorial matter proper. Some of them contain so little from the editorial pen, that their readers would hardly know that they were superintended by such a functionary, except as they see his name on the title-page. Others present one or two pages headed 'Editorial,' and filled with facetious paragraphs, personal slurs, news items, and

attention to new advertisements. Only a very few out of the whole number occupy what editorial space they have with candid articles, calculated to enlighten their readers on the many important questions connected with the sanitary, social, ethical, and educational interests of the profession. And I think it may be said with truth, that in none of our periodicals do these topics receive the editorial attention that their importance demands." And again, too many of our editors, it is said, "have no positive views of medical polity, medical education, or sanitary science, with which to give their own editorial space a positiveness and individuality calculated to attract attention and command respect.

"If the foregoing views are correct, in regard to the causes of insufficient patronage, instability and imperfections of medical periodicals in this country, the remedies are obvious. Nothing short of a higher standard of education, both preliminary and medical, on the part of those who enter the profession, and a more correct appreciation of the arrangements and qualifications required for maintaining a creditable medical journal, will remedy the evils. The first would multiply the number of readers and ensure the proper merit in their contributions; while the second would speedily arrest the tendency to make inconsiderate efforts to establish new journals.

"Towards the accomplishment of these purposes, this Association has it in its power to contribute much. Prominent among the declared objects of this Association, as set forth in the act of its organization, are the cultivation of friendly relations and mutual assistance, *concert* of action in support of improvements in the present system of medical education, and of a higher standard of preliminary attainments for those who propose to enter upon the study of medicine, and in pro-

moting generally the value and efficiency of our periodical medical literature.

"If all those who occupy the responsible position of editors of medical periodicals in this country will cooperate, by becoming members of this organization, and prove true to its principles and purposes, it can wield a more direct and powerful influence for good, both in elevating the character of American medical journalism, and in increasing the honor and usefulness of the whole profession, than any other organization in existence. You who control the medical press hold in your hands the main avenues through which the great mass of the professional mind can be reached and influenced. You have the means and the power, if you choose to use them, to mould the public sentiment of the profession, and concentrate it on the accomplishment of any desirable object with an irresistible force.

"Dr. Theophilus Parvin, at whose suggestion this Association was formed last year, stated, as one of the reasons for such action, that the editors of the medical periodical press were not exerting that positive influence on the medical public which belonged to their position, simply because a large part of them maintained a studied silence on all the important topics to which we have alluded, while others break their silence only by an occasional facetious remark. Is it not time, gentlemen, that this apathy, this studied silence, on topics of so much importance, was abandoned? Is its continuance compatible with a just appreciation of the importance of our position and of our individual responsibility? If we have assumed positions that give us the power to wield an important influence for good, are we not justly responsible for the enlightened and efficient exercise of that power? These are questions that must be answered to our own consciences.

"Then," says Dr. Davis, and we most heartily echo his words, "let us perpetuate and extend our organization. Let each member honestly cultivate friendly relations with every other. Let us take concerted action, by outspoken, candid, full discussion of the vital questions involved in the elevation of the standard of medical education, until the great evils universally acknowledged to exist are removed, and the profession in our country rests on an educational basis commensurate with the extent of its science and the nobleness of its art. But in all our work let us remember that personalities are not arguments; that to pull down a rival is not equivalent to building one's self up; and that it takes far less time to inflict a wound than to heal it. Finally, my brethren of the editorial fraternity, let us justly appreciate both the influence and the responsibility which attaches to the position we occupy, and with honest, earnest purpose wield the one and respond to the other, in such a manner as will advance the true interests of our profession, because, in so doing, we shall most efficiently promote the interests of humanity."

In the spirit of the words just quoted, we would deprecate the opening of every unpleasant issue that is not necessitated by some important public end. This is the rule, we can conscientiously say, that has thus far governed us. Among the editorial fraternity, especially, it is of need that harmony should be preserved, if they are in reality to work successfully together for the general good.

We therefore cheerfully consign to the waste-basket a few lines of comment that as individuals, if not as editors, we had thought deserved by the "Richmond and

Louisville" monthly for June. We do so the more readily from having received proof of what we have long believed, that our friend Gaillard was not so truculent and misanthropic a fellow as his leaders would at times seem to suggest. We cannot speak of him bitterly with such a manly reclamation as this lying before us: "I wrote of Cox and Otis and yourself when I was disposed to see the world and my brethren through colored (comic?) glasses, and have manifested the fact a little too plainly; but I wrote without spleen." Just this kind of carelessness of others' feelings it is that we must all of us try to avoid, for many an irremediable alienation has had as trivial a beginning.

There are those, less pachydermatous than ourselves, and unactuated by a sense of the editorial need of a prolonged bearance and forbearance for the sake of a combined attainment of a common end, who see matters in a different light. As an instance in point we quote a note from Dr. Sullivan, of this city: —

"August 6th, 1870.

"My dear Storer: I have received the June No. of the 'Richmond and Louisville Medical Journal,' and have read so much of the editor's denunciation of the American Medical Association as refers particularly to myself.

"To his indecent and calumnious invectives, easily as they might be answered, self-respect forbids me to reply.

"I have always admired the genuine ability which characterizes many of the articles published in the 'Louisville Medical Journal;' but I regret that its editorial columns should sometimes be defiled with scurrilities which can but disgust the better class of its

readers, and which detract so much from the value and respectability of an otherwise excellent periodical.

"Yours faithfully,
"J. L. S."

We are quite sure that if our valued correspondent but appreciated the fact that the supposed aggressor has in reality been but shrewdly employing one of the editorial devices to which Dr. Davis alludes, — "fishing," in a word, for materials for sensational paragraphs, in the hope of getting, as he says, an interesting "Roland for his every Oliver," to print for the edification of Louisville readers, — he would not have troubled himself about the facetious Dr. Gaillard in this hot weather.

As concerns ourselves and the Simpson memorial meeting at Washington, Dr. G. will be glad to know that, so far from those "proceedings giving but pain to the relatives and friends of Dr. Simpson," * his son, Sir Walter, writes us as follows: —

"The memorial sent by the great assembly of American doctors is one of the noblest contributions we have received to my father's memory. I have shown it to a great many people, and every one is delighted with it. In fact, all the notices of my father in the American prints have been of such a thoroughly genuine and enthusiastic nature, that we cannot but be satisfied in the highest degree at such kindly testimony to his worth."

As to the honorary title to which our esteemed contemporary so feelingly alludes, he will equally rejoice to learn that Simpson cared far more for the simple "Dr.," under which title his early triumphs were gained, than for the more pretentious "Sir James." We happen to know that the baronetcy was offered to him many years ago, in 1854, and was refused. Its final acceptance in

* Richmond and Louisville Medical Journal, June, 1870, p. 780.

1866 was in part induced by the belief that it would in reality be an honor to the profession at large, as was indeed the case.

To CERTAIN SIGNS OF THE TIMES, those who are wise will give heed. There lie upon our desk a number of addresses, delivered during the present year at the annual meetings of State and County Medical Societies in different parts of the country. Almost without exception they notice, and approve, the marked, and to those who have not had a hand in the sowing, wonderful growth of a general interest in gynæcology.

From one or two of these papers we shall present statements, whose every word will be recognized as true.

In the first place let us quote Prof. Stephen G. Hubbard, of New Haven. It might easily be shown that, in other chairs, Yale is as far in advance of Harvard as she is in that of Obstetrics and the Diseases of Women and Children. It may perhaps be worth our while by and by to do so.

"How do we receive," asks Dr. Hubbard, "these pioneer workers, as they come back to us, laden with treasures from the very frontiers of science? And what acknowledgment do we offer them, as we coolly appropriate to ourselves their invaluable additions to scientific knowledge, — the very blood and brains of their lives? Do we point at them in derision, as visionary dreamers, characterized only by 'narrowness,' — as 'men of one idea,' who spend their lives in the investigation of diseases which exist only in the imagination of the observer?

"If one of you were suffering from a disease of the eye, which threatened the loss of vision, to whom would you instinctively turn for relief? To the general prac-

titioner, who has spent his life in diversified labors, and whose very 'comprehensive powers,' and 'broad views,' have prevented him from acquiring any special knowledge whatever? Or would you seek the services of a professed surgeon and oculist?

"If your wife or daughter were the victim of any of those serious and insidious diseases which are peculiar to her sex, would you take for her the advice even of the most eminent general practitioner in your vicinity, or that of some one whose special studies and practice had better qualified him to treat her case successfully?

"Of course, if these supposed contingencies should ever become, to any of you, matters of actual personal experience, your practical answers to these interrogatories would be in every instance the same. You would each choose for yourselves, or your dearest friends, the opinion and treatment of a qualified specialist, or of some one who is constantly seeing and treating cases of the kind. How does it happen, then, I ask, that we so frequently see in our periodical literature, even in Reports to the American Medical Association, and hear spoken, the language of innuendo and detraction, as applied to men who devote particular attention to special classes of disease? In some instances it may be accounted for on the supposition of a want of general professional knowledge, without which there cannot be an honest disbelief in the existence of the special diseases treated. In other instances it can only be accounted for on a supposition which I prefer not to mention, and would not willingly entertain. Whatever may be the real reason, there can be offered for such a course no apology which is not at the same time the condemnation of those who indulge in it.

"Let us pause for a moment, and inquire who are the men against whom this storm of dust and wind is raised?

What is their standing at home and abroad? Are they found among the inert mass, or even among the average members of the profession? Are they violators of the Code of Ethics, or regardless of the honor and the dignity of the profession, more than others? Do they, more than others, give themselves to extra-professional pursuits? Do they, from entire loss of interest in medical practice, or for other reasons, prostitute their professional characters to the level of a trade, and sell their wares in open market to the highest bidder? Have they so conducted as to forfeit the respect of the public, professional or otherwise?

"But to return to the examination of the paper to which early allusion was made, let us see if there be even a grain of truth in its assumptions. The writer says: 'The tendency of local practice is to magnify the importance of local disorders, and of local remedies. In evidence of this, we need only refer to that numerous class of uterine disturbances, a class of troubles from which the females of a former age were happily exempt. Here, as elsewhere, narrowness leads to errors of diagnosis. With all the light that the speculum has shed upon this inviting and thoroughly explored field, not a tithe of the diseases claimed to be there discoverable, do exist, other than in the eye of the observer.'

"Such reasoning is incompatible with any adequate acquaintance with the writings of specialists, as such, — or with the profundity of knowledge in general science and literature, combined with the widest and most critical knowledge in every department of practical medicine, which some of these 'men of one idea' have shown themselves to possess.

"Can Sir James Simpson be accused of '*narrowness*,' because for more than thirty years the best energies of his mind, stored as it was with vast treasures of medical

lore, both ancient and modern, were devoted to the alleviation and cure of the diseases of women? Can we find any evidences of '*narrowness*' in his many and valuable contributions to practical therapeutics, — in his writings on public hygiene, — in his researches in archæological science, — in his work on Acupressure, — in his very voluminous Obstetric Memoirs, or in his investigations of the action of new remedies? And, lastly, is there any evidence of '*narrowness*' in that remarkable series of experiments with anæsthetics, which have culminated in the greatest discovery of the age, and conferred upon suffering humanity (especially on woman) that priceless boon, 'the thrice-blessed chloroform'?

"Yet he was pre-eminently a *specialist*, and, as such, received the honor of knighthood; bestowed solely as a public acknowledgment of the distinguished services that he had rendered to science and to humanity, but which can add nothing to the lustre of a name so gratefully cherished in every portion of the civilized world.

"Examine critically the writings of any other specialist, — of Churchill, West, Spencer Wells, Wilson, Beale, and Roberts; of Matthews Duncan, Keith, Graily Hewitt, Bowman, and McClintock; of Byford, Emmet, and Peaslee; Sims, Thomas, and S——, with scores of others whom I might name, — and if you detect in them evidences of '*narrowness*,' I beg to inquire by what standard have they been measured?

"Narrowness of mind is confined to no class of men; nor is it the peculiar result of any form of intellectual labor. It is peculiar to the individual, and is more or less pronounced in proportion as the man is more or less educated, or more or less highly endowed with natural gifts. Intellectual powers, while they are capable of increase by cultivation, are also in so great a measure due to inheritance, that the most laborious efforts are in

many cases insufficient to enlarge the mental horizon beyond the narrowest limits. Such minds are congenitally narrow; and whatever their surroundings, or the advantages enjoyed, or in whatever calling they are found, 'narrowness' is their most distinguishing characteristic.

"If artisans, they may spend their lives in the 'rounding and polishing of needles.' If physicians, they have the most limited knowledge of the general principles which underlie the science and art of medicine, and still less acquaintance with the isolated facts and discoveries of those patient, self-denying workers in all the special departments of knowledge, the aggregation of whose labors forms the very foundation of all science, and the materials from which, by wise generalization, the great principles of practical medicine have been gradually evolved. What evidence is there to suppose, as this writer declares, 'that the females of a former age were happily exempt' from diseases of the uterus?

"Let us see. The causes of the diseases peculiar to women are of infinite variety. Some of them have been in operation ever since the fall of our first parents, and are still active through the functions of menstruation and child-bearing, of course with increased force and frequency as the race has progressed in civilization and in the cultivation of æsthetic tastes. There are still other causes, incidental to the more artificial and unnatural style of female education, and modes of life common to modern society. So that, in addition to those which have been in operation from the beginning, and which, being inherent in nature, must always continue, we have a still larger class of causes now in operation, and to the preponderance of which must be referred, if it exists, the greater frequency of uterine diseases now than formerly.

"Four hundred years before the Christian era Hippocrates wrote largely on this subject, and his writings, as well as those of Galen and Aretæus who came after him, and all of whom practised in Rome, afford positive evidence that there existed at this early period a very advanced state of knowledge of the diseases of women. For example, the writings of Galen contain the earliest allusion to the vaginal speculum, while Aretæus describes 'ulceration of the womb,' with a precision that leaves no room for doubt that he also employed this instrument as a means of diagnosis.

"But the vaginal speculum has, perchance, even an earlier history than this, for a three-bladed instrument of the kind has been exhumed in the excavations of Pompeii and Herculaneum! — cities founded in the time of unknown antiquity, but destroyed, as we all know, in the reign of Titus, A. D. 79. With the writings of Hippocrates began the literature of medicine in this department; and if we may judge from his voluminous writings upon the subject, uterine disease must have been very common in his day. To diseases of women alone he devoted three volumes, in which he discussed Metritis, Induration, Fibroid Tumors, Menstrual Disorders, and Uterine Displacements. Then, as now, the knowledge of these special diseases was not in the possession of the entire profession; for, so limited had been the diffusion of knowledge, that more than four hundred years afterwards, physicians generally were ignorant of what had been already known. Witness the New Testament narrative of the 'woman which had an *issue of blood twelve years*, and had suffered many things of many physicians, and had spent all that she had, and was nothing bettered, but rather grew worse.' Either the faculty were ignorant of the treatment of uterine hemorrhage, or refused to attend after the patient's

money was exhausted, or perhaps they were afraid of incurring the charge of '*narrowness*' by attempting to remove the polypus from which the woman had so long and so terribly suffered. Besides the authors already mentioned, Archigenes and Celsus, who probably lived in the second century, also wrote on the diseases of women. The first accurately described the 'vaginal touch,' the varieties of leucorrhœa and ulceration of the womb; while the last gives an excellent description of pelvic cellulitis.

"For centuries afterward, the study of the diseases of women was pursued with great vigor, but unfortunately for us, many of the writings of the authors of that period are destroyed or in fragments, so that now reference is almost exclusively made to the compilation by Aetius, showing the state of medical science in his own times, and an abstract of the existing writings of men who had preceded him. In describing his own practice, as well as that of his contemporaries and predecessors, he treats of the diseases of women in such a way as to render it certain that he had a thorough knowledge of many of them; also of many of the means of investigation and treatment which are in use at the present day, and which have in many instances been regarded by us as new; and very properly so, inasmuch as they have been rediscovered more than thirteen hundred years afterward. This industrious compiler devoted one hundred and twelve chapters of his 16th Book to diseases of women. Thirty-seven of these treat of pregnancy, parturition, and suckling. There are six chapters on 'Ulcers of the Uterus,' three on 'Abscesses,' two on 'Displacements,' two on 'Obstructed and Imperforate Uterus,' seven on growths occurring in the vagina and uterus, and *eighteen* on menstruation and its disorders.

"If further evidence is needed to show the excessive

'narrowness' of the fathers, and that they described diseases which existed only 'in the imagination of the observer,' I will add that Aetius particularly described nearly every disease of the uterus that is recognized by the best observers of modern times; and the treatment he advises, includes most of our modern appliances, with frequent mention of the use of the speculum. His directions for the preparation and use of sponge tents are almost identical with those commonly followed to-day; and he clearly sets forth the uses of medicated pessaries, for which he gives more than a hundred formulæ; the use of vaginal injections; caustics for ulceration of the cervix; dilatation of the cervix by tin tubes; the treatment of inflammation of the various tissues and appendages of the uterus; and lastly the modern uterine sound.

"I have repeatedly inquired of the wives of our foreign missionaries whether the native women are exempt from uterine diseases, and in all cases they have assured me that the native women do suffer from a considerable variety of uterine affections, for which they are treated by native physicians by sorcery and otherwise. I could quote from the historical literature of this special department at still greater length, if it were desirable; but I think I have satisfactorily disproved the charge that uterine diseases are a modern invention, 'from which the females of a former age were happily exempt;' and which are limited in number only by 'the imagination of the observer;' and that any degree of excellence in a special department of medical practice is followed as a necessary sequence by 'narrowness' of mind. Moreover, is it not clear, from what has been said, that we actually owe to 'specialism' not only all the definite, permanent progress which the science of medicine has hitherto made and is now making, but that the rate of

progress and discovery in every department of scientific knowledge depends on the numbers and faithfulness of the 'specialists' who cultivate them?

"It is charged that 'the tendency of local practice is to magnify the importance of local disorders, and of local remedies;' and the special treatment of uterine diseases is cited as conclusive proof of this. As the treatment of the diseases of females is thus made the scapegoat for all the imaginary sins and evils of special practice, and is held up as a typical example of the disastrous effects of specialism in medicine, thus revealing more clearly the purpose of the writer, I have confined my remarks more particularly to that branch of the subject. For, although I am not myself a specialist, in the strict sense of the term, being largely engaged in general practice as well, my daily treatment of this class of diseases permits me to speak of them from personal knowledge; and I believe that an experience derived from the special treatment of many hundreds of cases of uterine disease, and a general practice of nearly thirty years combined, qualifies me to express an unbiassed opinion, not only as to the merits of the special department to which I attend, but, also, as to the value and relations of 'specialism' as an element of substantial progress in medical science.

"And I wish distinctly to say here, that I disclaim all desire or intention of being personal in my remarks in any direction. I am combating and criticising *opinions*, not persons; and I desire particularly to dislodge from your minds what I believe to be an error, and to substitute for it what I know from ample experience to be the truth.

"To any one who is practically familiar with uterine pathology and therapeutics, and to the best informed among those who are not, it may appear almost an un-

necessary labor to controvert such statements. For every one knows that, to attempt to treat a serious disease of one organ, without giving particular attention also to the condition of all the others, especially to those with which the suffering organ is in most intimate relations and sympathy, would be as unsuccessful as it is unphilosophical. To such a mind, nothing can be more illogical than to say that the special treatment of uterine diseases tends to magnify unduly the importance of this organ and its diseases to the female economy. For the sympathies of the uterus with every other part of the female organism are so evident, and the sympathetic relations of all the organs of woman with the uterus are so numerous and complicated, so intimate and often so distant, yet pervading her entire being, that it would almost seem, to use the expression of another, 'as if the Almighty, in creating the female sex, had taken the uterus *and built up a woman around it.*'

"When we consider the important functions of the uterus, and the wonderfully complicated processes carried on within it, and the fact that the peculiarities of woman, as well as her happiness in health and disease, depend upon, and are in a great measure controlled by, the condition and sympathies of the uterus, — the great central, *pivotal* organ of her existence, — is it not strange that any well informed, intelligent physician should persistently close his mind against the evidences of this sympathy, and against the patent fact that the functions of the most distant organs may be so perverted or destroyed by uterine disturbances, as to deceive the very elect, and lead physicians, otherwise skilful, to suppose that these organs are themselves the seat of serious disease? Yet instances of this kind are of daily occurrence. And I am certain that I only state

what many of you know perfectly well, when I say that women are often most actively treated, during weary months and years, for various diseases which have no existence whatever, except in the obtuse imagination of the observer, *but are simulated by the reflex sympathies of a diseased womb.*

"I could cite to you numerous cases coming under my own observation, which remarkably illustrate this fact; but I prefer to postpone to some other occasion any more particular allusion to them, and will only say, in this connection, that such is the mutual dependence of every special branch upon every other department of medicine, that, in my judgment, no man can be successful in a special department, without being well informed in all the others. And, further, that there is no department of practical medicine which requires such a concentration upon it of all the accumulations of medical knowledge, or makes such exhausting draughts upon the resources and powers of the physician, and tests so severely his qualities as a careful, painstaking, and patient observer, and skilful prescriber, as that of the diseases of women.

"Two classes of medical men have, in opposite modes, contributed not a little to bring undeserved odium and disrepute upon the scientific treatment of uterine diseases. In the one class, we see those few, who, having never given particular attention to the subject, are without adequate knowledge of its pathology, etiology, and therapeutics, providing themselves with a speculum and a piece of lunar caustic, and with a rashness as frightful as it is criminal, 'rushing in where angels fear to tread,' carrying fire and sword into the most innocent localities. They find uterine disease in every woman; and the track of their fiery raid can be distinctly traced for years afterward, by the scarred, distorted, narrowed,

and sometimes obliterated cervical canals which they have invaded. It is these rash and ignorant men,—men with as little conscience as learning, and still less of delicacy than of either,—who have been, and are, mainly instrumental in bringing unmerited reproach upon the scientific treatment of the diseases of women.

"The unwarrantable and disastrous procedures of this class of superficially educated men are used as the basis of the indictment of specialism at the bar of public opinion, by another and more respectable class of physicians, who are, doubtless, excellent general practitioners, but who, having long ago abandoned habits of study and reflection, find themselves behind the age; and in casting about to find the reasons for their changed relations, they are quite willing to charge upon 'specialism,' results which really have their origin in the congenital or acquired conditions of their own minds. The representatives of each class are, I am happy to believe, comparatively few in numbers (and some may think them too few to require notice), yet such is the nature of their peculiarities, the tendencies of their misguided efforts, and the persistency of their attacks, that they cannot be allowed to pass unchallenged.

"It would be out of place in this paper to allude particularly to the 'errors of diagnosis,' and the results of treatment, made by either of these classes of physicians; yet they are continually coming to notice, and are in some cases exceedingly ludicrous; but in many the consequences are of the utmost seriousness, and not very seldom even fatal to life. Is it any wonder, then, that the public mind is unsettled respecting the value and propriety of special treatment of uterine diseases, when the subject is seen only in the false lights cast upon it from these two extremes of error?

"It would be too much to expect the non-professional mind to be able to distinguish the true from the false, respecting a subject which is so variously regarded by the profession itself, and therefore we cannot wonder that suffering women, who have been disappointed in the results of treatment of these affections by their ordinary medical advisers, should finally, in their desperation, seek relief at the hands of male or female quacks. I could easily show that it would promote the highest interests of the public and of the profession, both individually and collectively, to encourage and everywhere commend the labors of 'specialists,' instead of meeting them with words of ridicule and disparagement; but it is unnecessary, for the line of argument is so plain that it is already anticipated.

"Science is a unit. Its multiplied facts are so closely related, and each is so indispensable to the full force and effect of all, that the attempt to ignore or remove from the structure a series of facts, or to cast odium upon the laborers by whom these blocks in the foundations have been wrought and placed in their proper order, would, if successful, utterly destroy the entire fabric. It is an act of sacrilege. It is *treason*, alike against the interests of humanity, and the civilization of the age."*

To many of our readers the above remarks convey only the statement of a truism. There are those, however, hitherto unconvinced, or who have been unduly influenced by men of the character so justly lashed by Prof. Hubbard, to whom his arguments will come with overwhelming force, and be prized accordingly.

We shall hereafter present evidence of the success that is attending what may justly be termed the great

* Specialism in its Relations to Practical Science. Proceedings of the Connecticut State Medical Society, 1870.

medical missionary movement of the time, — as blessed in its results to suffering women as to the best interests of the profession.

POSTHUMOUS HONORS may be conferred with grace even by those who begrudge the smallest praise to living men. Sometimes such gifts tend to foster an increase of international esteem and respect.

We are speaking now about Syme and Simpson, dear companions and bitter opponents of each other as they were. Each had his army of partisans, and each labored with his whole soul for that grand old University which, as Dr. Gross, of Philadelphia, so well expresses it in the circular towards the Syme Testimonial Fund, "is the mother school, in fact, of our American Medical Profession."

Previous to Syme's death the movement to connect his fame more indissolubly with that of the Edinburgh School had begun; that regarding Simpson, whose expectation of life then seemed so good, came later. Scholarships, professors' chairs, and even hospitals, but feebly express, as memorials, what words cannot utter. In the case of Syme, we have long believed, from what we had seen and known of them both, that his world-wide reputation will justly descend to his son-in-law, Lister. In that of the great gynæcologist, Alexander Simpson, the nephew, will carry both name and fame, so dear to Edinburgh, onward through many a long year, we trust, of University and cosmopolitan honor.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. III.] OCTOBER, 1870. [No. 4.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

THIRTY-FIRST REGULAR MEETING, APRIL 5, 1870.

THE thirty-first regular meeting of the Society was held on April 5th, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Field, Weston, Sullivan, Warner, Dutton, Bixby, Sharp, and Storer; Wheeler, of Albany, N. Y., Honorary Member; and, by invitation, Drs. James S. Green, of Dorchester; A. E. McDonald, J. H. Blake, and W. H. Page (City Physician), of Boston; and A. B. Robinson of Boston Highlands.

The records of the last meeting were read and accepted.

The Secretary read letters, in acknowledgment of their election to the Society, from Dr. C. T. Jackson, of Boston, Honorary Member; and Drs. F. G. Jordan, of St. John, N. B.; Nathan Allen, of Lowell, Mass.; W. H. Van Buren, of New York; P. C. Barker, of Morristown, N. J.; Tom O. Edwards, of Lancaster, O.; Andrew J. Scott, of Loudonville, O.; Ralph N. Isham, of Chicago;

Entered, according to act of Congress, in the year 1870, by HORATIO R. STORER, M.D., in the Office of the Librarian of Congress at Washington.

Wm. B. Atkinson, of Philadelphia; F. M. Robertson, of Charleston, S. C.; Wm. Gaston Bullock, of Savannah; A. H. Cenas, of New Orleans; and Isaac Rowell, of San Francisco, Corresponding Members. He also read a letter from Dr. Goupil, of Paris, stating that his certificate of Corresponding Membership had been claimed by another gentleman of the same name.

The photograph of Dr. A. J. Scott, of Ohio, added to the Society's collection, was exhibited, and the following donations to the library announced: from Prof. Breisky, of Berne, Switzerland, his memoir upon Extra-median Presentation; from Dr. Nathan Allen, of Lowell, papers by himself upon Population and its Law of Increase, The Intermarriage of Relations, and Physical Culture in Amherst College; from the Secretary, a monograph upon a Peculiar Morbid Growth from the Os Uteri, by the late Dr. S. L. Hardy, of Dublin, and Dr. Robert Bowes Malcolm's Address upon the Rise of the Edinburgh School of Midwifery, delivered before the Harveian Society, of that city, in 1856.

The Secretary having presented, in the name of Messrs. Perkins, Stern, & Co., of Boston, several specimens of California wines and brandy from their own vineyards, upon motion of Dr. Field the Society resolved itself into a Committee of the Whole for the purpose of testing, by tasting, these therapeutic appliances.

Dr. Sullivan stated that he had found the California Hock of this house of great advantage in the treatment of menorrhagia and metrorrhagia.

Dr. Lewis had also seen great benefit from the Hock, chiefly in certain classes of dyspeptic cases.

Dr. Storer had long entertained a very respectful opinion of the California Angelica and Muscatel, for nervous invalids, debilitated by uterine disease, and

from what he had learned of the purity and reliability of the California Port, he was inclined to think very highly of its employment in cases attended with too great laxity of the intestinal canal. There could be no doubt that where stimulants were really indicated, the use of the agents now upon the table was far preferable to that of the stronger liqueurs.

Many other favorable opinions were expressed by physicians present, who had tested the excellence of these remedies in practice.

The thanks of the Society were voted to Messrs. Perkins, Stern, & Co. for their thoughtful courtesy.

Conversation turning upon the general subject of

THE EMPLOYMENT OF ALCOHOLIC STIMULANTS IN THE TREATMENT OF DISEASE,

Dr. Storer remarked that certain important questions were too often lost sight of. They had been brought up and discussed in this State a year or two since, when a prohibitory liquor law was being urged, but the evidence adduced on either side, though published, was buried beneath a mass of legislative side issues.

There could be no doubt that in some cases alcohol, in one or another of its forms, was indicated, and that in others, where a stimulant was needed, bitter infusions and aqueous extracts answered as good a purpose, without causing the risk of awakening in the patient an often uncontrollable thirst.

Few physicians would honestly say that drunkenness on the part of its citizens was of any advantage to a city or State, putting aside the income of a few liquor dealers; and few but that would affirm that our insane asylums, almshouses, jails, and prisons were chiefly supplied from those who habitually employed stimulants;

and yet, at the investigation referred to, the most prominent hospital surgeon and teacher in this city had given it as his opinion that "the drinking usages of society were not at all to be deprecated."

This statement might be true of other countries than New England, but, whether it were owing to our climate, the restless habits of this people, continually stirred by the goad of excessive competition, or what not, the drinking usages of society, among gentlemen, meant a frequent, and in a great many cases constant, indulgence in whiskey and brandy undiluted, rather than wine.

With women the case was somewhat different. He had elsewhere stated some of the conditions here obtaining.* Bourbon whiskey was employed by ladies in this city to a very great extent; sometimes by invalids,—and in their case prescribed or not by a physician,—but very often by persons in good health, who sought in an assumed invalidism a plausible excuse. There could be no doubt that physicians were here accountable for a very great amount of physical, mental, and moral impairment. The alcohol was exhibited, whether as whiskey, brandy, gin, or rum, not for the purpose of nourishing a consumptive patient or rousing one who was moribund, but for that of temporarily removing the malaise consequent upon an extravagant keeping of late hours or indulgence in other forms of dissipation, or for deadening the remorse of our thousands of self-abortionists. In exceptional cases compared with these, though still very common, was its prescription for the relief of pain, more especially that of dysmenorrhœa, from whatever cause. Instead of ascertaining by a careful examination the exact charac-

* Appendix to Dr. Albert Day's Treatise on Methomania. James Campbell, Boston.

ter of the malady, and then treating it accordingly, the deadly placebo was prescribed which often consigned the unfortunate woman to premature decrepitude and practical death. He had seen too many instances of this not to speak as he had done. There could be no doubt that very many of the opium, liquor, and chloroform drunkards that we are called upon to treat among the better class of women were primarily confirmed in the habit by causes within the control of the medical art, provided only its resources were properly brought to bear.

The Secretary presented, in the name of Hon. N. E. Atwood, of Provincetown, a large

FIBROUS ABDOMINAL TUMOR FROM A HADDOCK (*Morrhua æglefinus*, Lin.),

pediculated, and weighing three-quarters of a pound, while the fish itself, which seemed otherwise healthy, only weighed five pounds. Subjected to the microscope, Dr. Bixby had failed to find any very material difference from the tissue of ordinary fibrous tumor of the uterus.

Dr. Storer reported, and exhibited a specimen from, a case of malingering, it being one of

FEIGNED PASSAGE OF HAIR FROM THE BLADDER.

The patient, unmarried, had for a long time been subject to hysterical paroxysms, dependent upon chronic endometritis, and gradually diminishing in frequency and severity in proportion as the pelvic disease yielded to treatment by the acid nitrate of mercury to the uterine cavity. There had existed a rectal fissure which had been cured by forcible rupture of the sphincter ani.

A few days since the patient produced the lock of hair now exhibited, stating that she had passed it with her urine. Careful examination of the bladder failed to show any disease of that viscus, and there existed no adjacent cyst with which it might have been connected by fistula. It would be perceived, moreover, that the hair was tangled and knotted, whereas, in the specimens exhibited to the Society at a former meeting,* of whose authenticity there could be no doubt, discharged through the bladder from an ovarian dermoid cyst, the hairs lay parallel with each other, and were more or less crusted by a calcareous deposit. The microscope failed to throw any light upon these cases, where the hair was from the person of the patient herself.

Reference being made to the sign of self-abuse, a cold and moist palm of the hand, alleged by Dr. Field, at a late meeting,† to be constant where the habit exists, Dr. Sullivan stated that he had since been studying several such cases and was inclined to consider the test a reliable one.

Dr. Warner had, so far, come to the same conclusion.

Dr. Storer read extracts from a letter he had received since the last meeting from Dr. Fisher, of Sing Sing, N. Y., relative to

THE CAUSATION OF DOUBLE MONSTROSITY IN THE HUMAN SPECIES,

and settling the question of priority as to the suggestion of the Fissuration theory, for evidence of which Dr. Storer had written to Dr. Fisher.

Dr. F. quotes the following from Dr. Carpenter, of London: —

"By the knowledge of these facts and principles, we

* This Journal, August, 1869, p. 74. † This Journal, September, 1870, p. 150.

seem justified in the conclusion that the occurrence of supernumerary and multiple parts, even when it extends to complete duplicity of the body, is not due (as usually supposed) to the 'fusion' of two germs, but that it results from the subdivision of one. And that such is really the case may be inferred from observations recently made upon the early phases of development of 'double monsters,' from which it appears that their production is due to the spontaneous divarication of the embryonic mass into two halves, at a grade of development which may be considered as corresponding (in regard to the homogeneity of its organization) with the Hydra or Planaria." * Dr. C. then refers to Vrolik and Allen Thompson,† and further on, when speaking of the generation or multiplication of the Hydra and Planaria, describes it as "Fissiparous multiplication," "longitudinal and transverse fusion, gemmation," etc.‡

Dr. Storer stated that he was happy to be put right, as he had been by Dr. Fisher. The edition of Carpenter which he had himself examined was of an earlier date; and, while his own views had been the result of independent reflection, he must grant that he had been superseded by the gentleman who had so long before forestalled him. The members of the Society would recollect that there was not one of them present at the meeting at which his paper was read who was aware of the suggestion of fissuration by Carpenter; and the same was true of a meeting of the Suffolk District Medical Society, at which he had taken occasion to broach his theory.

The Secretary read the following extracts from a let-

* Principles of Comparative Physiology. Philadelphia, 1854 (from the 4th London edition), p. 479.

† Edinburgh Monthly Journal, June and July, 1844.

‡ Loc. cit., pp. 537–39.

ter received from Dr. Charles T. Jackson, of this city, relative to his part in the

INTRODUCTION OF PRACTICAL ANÆSTHESIA.

"I am much obliged to the Gynæcological Society for what it has said and published in defence of my rights as the Discoverer of Anæsthesia by Etherization, and I trust the members will feel that they are and will be still further sustained in their position, for I intend to republish all my evidence forthwith, which will leave no ground for the Morton men to stand upon.

"How Dr. Jacob Bigelow, generally esteemed cautious, should commit himself so badly is beyond my conception, and inconsistent with his character. If I remember his article in the 'Advertiser' correctly, he says 'Morton matured and revealed the discovery.' Why! he did not add one item in the way of maturing it; and he did all he could to conceal the nature of the anæsthetic, and called it a compound, 'Letheon;' and he did not tell Dr. H. J. Bigelow what the agent was at the hospital until he knew that I had written to Dr. J. C. Warren, ten days before, that it was nothing but pure washed ether, and that I would send Morton to administer it, having fully instructed him for the purpose; for I was obliged by contract to be in Maryland at the time of the capital operation which I had negotiated with Dr. Warren to perform.

"I told him at the time, at the Thursday Evening Club, what the agent was; but he wanted it in writing and wrote to me for it the next day, and I wrote to him all about it and left the letter myself at his house.

"Dr. Kneeland's proposed inscription on the Morton monument is outrageous. What did Morton discover? The French Academy decided that he introduced my

discovery into surgical practice under my directions, and both Morton and myself accepted their award. They awarded to me the Discovery of the Anæsthetic Effect produced by Ether, and the Monthyon prize of twenty-five hundred francs, and the same sum to Morton for its Practical Introduction, 'd'apres les indications de M. Jackson'!

"Will Dr. Kneeland give Morton more than he claimed?"

The Secretary read a communication, illustrated by drawings, from Prof. T. Lazarewitch, of Kharkhoff, Russia, upon

A NEW CLAMP AND OTHER PECULIARITIES IN OVARIOTOMY.

[This paper was published in the Journal of the Society for August, 1870.]

Prof. Lazarewitch's communication was listened to with interest, and the importance of its suggestions fully acknowedged.

A communication was presented from Dr. Tom O. Edwards, of Lancaster, Ohio, entitled,

INTRODUCTION OF A HORSE-SHOE PESSARY (HODGE'S OPEN LEVER) INTO THE CAVITY OF THE BLADDER, AND ITS REMOVAL BY FORCE.

[Dr. Edwards' paper was published in the Journal of the Society for July, 1870.]

As in the two cases already reported to the Society by Dr. Storer, an open-lever pessary, intended for the vagina, had been carelessly slipped into the cavity of the bladder. In the instance now communicated by Dr. Edwards the attendant had endeavored to conceal his misfortune, and had essayed the removal of the pessary by incision. Finding this and a certain amount of taxis

unsuccessful, he had completed the removal by force, with the result of much subsequent suffering, and a persistent vesico-vaginal fistula. Dr. Edwards draws from the increasing frequency of the accident an argument against the use of the horse-shoe pessary.

Dr. Storer considered this view of the subject a tenable one. Anything that could deter practitioners from the careless, or ignorant, or unnecessary, employment of pessaries, was so far an advantage. There had now occurred four cases of escape of the open-lever pessary into the cavity of the bladder, — the two cases reported by himself,* Dr. Byford's,† of Chicago, and this one of Dr. Edwards. It would be supposed by many that the accident was almost an impossible one to occur in skilful hands. This was, however, a mistake. In the two cases which he had conducted, the previous attendants were gentlemen familiar with their art. The truth was that those who were constantly using pessaries became almost too expert; their very adroitness of itself engendered a species of carelessness. It was easy to see how, in the case of an unmarried woman, with a narrow vulval opening, and sensitive at that, the point of one of the lateral rods of the pessary might become engaged within the orifice of the urethra; entering a short distance and receiving the over-twist motion, or semi-rotation, it might easily escape from the grasp into the vesical cavity. He believed it was very much easier thus to introduce than to remove it, and that, as he had indicated when putting the first case of the accident upon record, the only feasible method of removal was by the way the pessary went in, through the urethra. Dr. Byford's case received additional interest from the fact that the patient was pregnant;

* New York Medical Record, July 15, 1868. This Journal, August, 1870, p. 83.
† Chicago Medical Examiner. December 1869, p. 729

the pessary remained within the bladder for three months, and was finally extracted without interfering with the progress of gestation.

Dr. Edwards, in his report, very properly exposed the knavery and brutality of the previous attendant, by whose ignorance, it is fair to suppose, the accident had occurred. As to the proper method of introduction of the horse-shoe pessary, Dr. Storer continued, there was a frequent want of understanding upon the part of physicians. He had known instances, where, instead of introducing one limb first and swinging the instrument by semi-rotation into its place, the cross-bar had been forced squarely in, just as in the case of the closed lever, whereas in fact the largest horse-shoe, properly introduced, could easily pass through an opening that would not admit the smallest closed lever, as was seen in these bladder cases.

Dr. Wheeler had known one of the horse-shoes to be introduced by tying together the open legs, passing in the cone thus made, and then cutting the limbs apart again.

The Secretary read a communication from Dr. J. H. Beech, of Coldwater, Michigan, upon

ATRESIA VAGINÆ, WITH LOSS OF THE BASE OF THE BLADDER AND URETHRA, FROM A CARELESS OPERATION FOR RETAINED MENSES.

[Dr. Beech's paper will be found in the present number of the Journal.]

Dr. Storer referred to the great interest of Dr. Beech's case in connection with that reported by Dr. Edwards. In both, from careless surgery, very serious results had followed. He would report another, of very similar character and equally instructive; it being one of

COMPLETE ATRESIA VAGINÆ FOLLOWING AN OPERATION FOR VESICAL CALCULUS.

The patient, unmarried, had been operated upon at the Mass. Gen. Hospital several years since for urinary calculus. As the result, he did not like to say of the surgery, for that had undoubtedly been skilful, the vagina was now completely obliterated. The climacteric having passed, there had been absent the symptoms that would have attended the condition in earlier life before the menstrual molimen had ceased.

The Secretary read a communication from Dr. Wm. H. De Camp, of Grand Rapids, Michigan, a committee of his State Medical Society to report upon

THE REMEDIAL SUBSTITUTES FOR BLOOD-LETTING,

desiring the experience of members regarding the use of the lancet and other means of direct depletion, in acute inflammatory disease, and the employment of substitutes for them, such as veratria, gelseminum, aconite, etc.

Dr. Warner was very glad that the subject had been brought before the Society. He only wished that there were time to devote to a full discussion of every point that was involved, for they were all of direct and practical importance. He had lately, for instance, been called to a very well-marked case of pelvic cellulitis, which had been previously attended by one of the principal homœopaths of this city, who, ridiculing the idea of a vaginal examination, had pronounced the case, and treated it as, typhoid fever. There is little doubt but that proper treatment might have arrested or materially modified the disease.

Dr. Field thought that the first attendant had only

been true to one of the cardinal doctrines of his faith; for, if it be the fact that disease is but the total of all its symptoms, it would make very little difference as to an exact diagnosis; typhoid might be treated for cellulitis, or cellulitis for typhoid.

Dr. Warner was satisfied that blood-letting is too much neglected at the present day. In many diseases we have no remedies that can take its place.

Dr. Lewis had been brought up to believe this doctrine true, and he had not yet learned to think it wrong.

Dr. Page supposed that to bleed or not to bleed was in great measure a matter of fashion. Many physicians succumbed to the views of others for just this reason. Many years ago when he, Dr. P., was house surgeon at the Massachusetts General Hospital, the elder Dr. Warren, in commenting upon a case, stated that, twenty years before, he should have ordered blood to be drawn; but in deference to the professional sentiment of the time he should prescribe Epsom Salts instead. He himself had frequently bled, and had never in a single instance regretted it.

Dr. Warner thought Dr. Page's remark that physicians were frequently driven, against their better judgment, to refuse bleeding, was a correct one.

Dr. Storer called attention to the allegations that had been made by many writers and practitioners concerning the so-called changes of type occurring in disease. He thought that the President of the Society, who had lived through so many alterations of professional opinion, might afford valuable information upon this point.

The President, Dr. Lewis, had indeed seen many changes of opinion upon the subject. As the result

of them all, he would still bleed for acute inflammations.

Dr. Warner believed that those cases where bleeding was not employed more rapidly became asthenic then those in which it was resorted to.

Dr, Lewis considered the question of the lancet, or not, to be purely a matter of fashion, just as it was in the case of leeches. These were formerly quite an object of commerce, large sums being paid as duties upon their importation. Now they were very seldom used, at least in this region.

Dr. Warner stated that they were still very frequently employed at the West, much oftener indeed in New York city than here.

Dr. Page believed that the greatest difference between sthenic and asthenic cases existed in large cities, both here and in Europe, and that the causes of this were very appreciable. Fifteen years ago, Dr. Watson said in his "Practice," that bleeding was much better borne formerly than then. This statement was undoubtedly owing to the fact that in his younger days Dr. Watson had practised in the country, and later, at the time that he wrote his book, in London, where there was a lower average of vital power.

Dr. Field remarked that Dr. Watson also had said that early in life he had been bled for pneumonia, with a favorable result, but that later he would not allow it, in an attack of the same disease, because of his views regarding a change in its type.

Dr. Storer thought that a more reasonable objection would have been in the statement that he was thirty years older, and therefore more feeble, as he was also from having been long exposed to the depressing influences of the city.

Dr. Page instanced the college boating-men, both

here and elsewhere, who, fresh and vigorous and tolerant of blood-letting when young, were unfit subjects for bleeding when they became older and engrossed in professional and other mental work. Their constitutional difference was manifest enough in the case of a broken limb.

Dr. Storer referred to the fact that artificial diminution of the quantity of any fluid did not necessarily change its quality, and that in cases of toxæmia removal of a portion of the diseased blood did not improve necessarily the character of that remaining.

With reference to the practical application of the principles that had been discussed, to the diseases of women: While there were few gynæcologists that did not believe in local blood-letting, as few resorted to its general abstraction, except in very exceptional cases. In a much larger proportion of the cases presenting themselves for treatment, there was anæmia than plethora,—and anæmia from prolonged and exhaustive discharge, not necessarily of blood, but of fluids akin. Where it was necessary to deplete, it was aimed to produce the desired effect with the smallest possible actual loss of blood. Leeches were now but seldom applied in this part of the country. Their employment was tedious, and, if used within the vagina, care had to be taken not merely to keep them from entering the uterine cavity, but that they only attached themselves to the cervix and not to the vaginal wall, for fear of excessive hemorrhage, controllable with difficulty. Local depletion of the cervix by scarification was far preferable, or rather by puncturation,—for to puncture, and somewhat deeply, was better than to superficially incise the mucous membrane. This, however, was of advantage in hyperæmia of the uterine cavity, and the Society would recall the paper read to it several months since

by Dr. Pinkham, of Lynn, upon the subject.* It was often of advantage, instead of blood-letting, to obtain a free discharge of serum from the cervical capillaries, by the application of glycerine, as suggested by Dr. Marion Sims. This method might very properly be termed salivation of the cervix. The importance, in reference to inflammations of the uterus and ovaries, of attending to any form of rectal disease that might be present, should not be forgotten. Dr. S. believed that in many instances of pelvic cellulitis and parametritis the disease might be cut short if properly diagnosticated, in its earlier stages, by appropriate antiphlogistic treatment.

Adjourned.

THIRTY-SECOND REGULAR MEETING, APRIL 19, 1870.

The thirty-second regular meeting of the Society was held at Hotel Pelham, on the evening of April 19th, 1870, the President in the chair. Present, Drs. Lewis, Warner, Sullivan, Bixby, Field, Campbell, Martin, and Storer; and, by invitation, Drs. Deane, of Montague; and Joel Seaverns and A. C. Garratt, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters of acceptance of their election to the Society from Drs. Thomas More Madden, of Dublin; D. S. Williams, of Freeland, Md.; and James Jones, of New Orleans, Corresponding Members; and Henry Austin Martin, of Boston Highlands, Active Member. The photograph of Dr. B. H. Catlin, of Meriden, Ct., Corresponding Member, added to the Society's collection, was exhibited, and the following donations

* This Journal, July, 1869, p. 23, and August, p. 85.

to the library announced: from Prof. Gluge, of Brussels, his paper upon the Operative Treatment of Abscess of the Spleen; from Prof. Henry Miller, of Louisville, his monograph upon Chronic Inversion of the Uterus in its Surgical Relations; and from Profs. Crede, of Leipsic, and Spiegelberg, of Breslau, the first volume of their new and very elegant "Archiv fur Gynækologie."

The Secretary also read a letter from the latter of these gentlemen relative to mutually co-operative action between German gynæcologists and members of the Boston Society.

Dr. Campbell reported a case of

OPERATION FOR LARGE VAGINAL POLYPUS,

and exhibited the specimen, which was dense, elastic, and perfectly spherical in outline.

"On the 10th inst. I was called to see Mrs. S., residing in East Boston, married, aged forty-nine, and found her suffering severe pain in the region of the uterus, accompanied with considerable hemorrhage and difficult micturition. Her appearance was decidedly anæmic.

"The following is the history of the case as related by the patient: —

"She enjoyed perfect health until seventeen years ago (eighteen months after marriage), when she gave birth to a child at the full time. She was attended by an irregular practitioner, who compelled her to assume the upright position during delivery, her husband and others supporting her. The labor was very severe and protracted. Immediately after the birth of the child, the physician (so called) told her that the womb was closing and the after-birth must be removed at once; and accordingly he passed his hand into the uterus and forcibly tore away a portion of the placenta, stating that

the remaining portion could not be removed. It came away in small fragments at various times, by decomposition, five months elapsing before it was wholly expelled, during which time her life was despaired of. She was unable to walk without assistance for nearly three years. She has had more or less hemorrhage at brief intervals during the time which has elapsed since her confinement. She has also had severe pain in back, hips, and uterus, the latter being of a bearing-down character, which led her to suppose she had falling of the womb. She had also some leucorrhœal discharge.

"She states that for several years she occasionally felt a tumor pressing down between the labia, which she supposed to be the uterus. On the day I was called she had been suffering very severely, and attempting to replace what she supposed to be the uterus aggravated her suffering to an alarming extent. On examination, I found a polypus attached to the inner surface of the cervix, and advised its immediate removal, and, on the following day, Dr. Logan, who rendered all necessary assistance, etherized the patient. I applied the ecraseur and removed the tumor without difficulty. When the influence of the ether had passed away the patient complained of pretty severe smarting, which was relieved by a mild opiate. I ordered a weak solution of carbolic acid to be thrown into the vagina two or three times daily. The hemorrhage ceased immediately after the removal of the polypus. The patient is free from pain and is able to walk about her room, and has a fair prospect of enjoying better health than she has done for many years."

Dr. Storer exhibited another large vaginal polypus, removed by him since the last meeting. This specimen was very irregular in outline, much resembling in aspect a large Irish potato, almost placental in consis-

tency, and yet of many years' standing. It was attached by one of its lateral aspects just within the os uteri, which it largely dilated, and it almost completely filled the vagina.

The Secretary read a communication from Dr. B. H. Catlin, of Meriden, Ct., a Corresponding Member, upon certain

ABERRATIONS OF GESTATION,

of much interest in their medico-legal bearings.

[Dr. Catlin's paper was published in the Journal of the Society for July, 1870.]

Dr. Storer remarked upon the importance of records like those of Dr. Catlin, towards correcting the erroneous notions so prevalent concerning miscalculations as to the time of pregnancy attained by patients, and the period during which a fœtus may be carried without its death necessarily occurring. There were three classes of cases especially, about which there had been much confusion of idea; namely, those of apparent conception before the first establishment of the menses, those occurring after a confinement, seemingly before the catamenia are re-established, and those taking place after the climacteric has apparently been passed. In each of these groups there has ordinarily been present a colorless periodical leucorrhœa, or mucous catamenia, the accompaniment of as effective a molimen, so far as the escape of an ovum from a ruptured Graafian vesicle was concerned, as when there was present the normal hemorrhagic discharge. He had seen instances of the three groups, some of them of a very amusing character. At times, as might be supposed, occurrences of the kind referred to were fatal to the domestic peace of families.

The Secretary presented from Dr. D. D. Spear, of Kennebunk, Me., a Corresponding Member, his report of a singular

VAGINAL ANOMALY.

Upon making a digital examination, Dr. S. found a reflected fold of mucous membrane a quarter of an inch in thickness and an inch or more in breadth attached longitudinally to the anterior wall of the vagina, and extending from near the meatus urinarius to the cervix uteri, with the posterior border free in the vaginal cavity. A good idea of the condition might be had by imagining the vagina divided into two parts by a septum and then this septum to be freed by the knife from the posterior wall and thus left hanging to the anterior. The cause of this anomaly he was unable to ascertain. The lady had given birth to children without unusual difficulty. She had lately had several miscarriages. The uterus occupied its normal position, and, except enlargement of the cervix, presented nothing uncommon. None of the labors had been instrumental, and in the history there was no clue to the cause of the peculiarity. It was probably purely an anatomical one.

The Secretary presented, from Dr. W. M. James, of Whitesboro, N. Y., the report of a case of

ABDOMINO-VAGINAL IMPALEMENT.

[Dr. James' paper was published in this Journal for September, 1870.]

In the instance reported a fork-handle entered the vagina, passing between the cervix uteri and the rectum until it struck the ninth or tenth rib, near the spinal column. The patient recovered.

Dr. Garratt reported a similar case under his own observation several years since.

It was that of a fine, healthy girl, nearly ten years old, of very respectable family, who resided in Marshfield, while Dr. G. was in general practice. This child fell so as to drive the top or pommel of an old-fashioned low chair into her vagina, and immediately fell over upon the floor insensible, thus fastened to the foreign body. It was with much difficulty that the women of the house extracted this firmly fixed shaft. It appears that the girl was standing in a rocking-chair at the time, and while playing with a younger child she was thrown or sprang backward so as to light astride this hard wood upright post, which was just behind her. The hemorrhage was inconsiderable, but the nervous shock was very great. She was convulsed repeatedly, and several physicians were sent for. The distance Dr. G. had to go was nine miles. The wound was dressed as if after a surgical operation, by keeping within the vagina pledgets of soft linen saturated with a dilute chlorinated soda wash, replacing them morning and evening, and in a few weeks she was well.

At the time of the accident the hymen and perineum were found to be lacerated, and all the parts terribly swollen and inflamed. The length of the post that entered was three and a quarter inches to the crossbar, and the women said it was firmly fastened close up against the pubic bone. The top of the pommel was like a ball or acorn, and there were deep rings or creases also for ornament, and it was about one inch and a quarter in diameter. The quick, forcible entrance of this uneven piece of wood, and the pulling of it out were what tore the child very terribly, almost beyond description. The accident occurred in 1848, and now within two years Dr. G. had heard that the girl had grown up in good health, was married, and has children.

Dr. Storer remarked upon the very great interest of

the cases now reported, in connection with the discussion already held by the Society upon the subject.* Dr. James' case was in some respects very like that of Dr. Sargent, of Worcester, reported by Dr. J. B. S. Jackson, and Dr. Garratt's resembled that brought to the notice of the Society by Dr. Bixby. Dr. Garratt's case was particularly interesting from the fact that his patient had subsequently borne children. He would like to ask the gentleman whether there had been any especial trouble or delay in her labors from the cicatrices ensuing upon the accident.

Dr. Garratt had received no information upon this point.

Dr. Garratt read the account of a case of

ATRESIA VAGINÆ AND ABSENCE OF THE UTERUS.

[Dr. Garratt's paper was published in this Journal for September, 1870.]

Dr. Storer remarked upon the great assistance during the examination by him of Dr. Garratt's patient afforded by Dr. Warner's suggestion of rupturing the sphincter ani, for the purpose not merely of increasing the ease of rectal manipulation and allowing the readier entrance of two fingers into that canal, but of allowing an upward displacement of the anus itself, thus extending the field of exploration some two inches higher than could be possible in any other way, — indeed, with the catheter in the bladder for counterpressure, giving a perfect control for internal diagnostic purposes of the whole brim of the pelvis, — a feat probably never before accomplished in a similar case. The very great practical importance of this new aid to direct and differential diagnosis, in very many instances of obscure disease, could not be overestimated.

* See this Journal, September, 1869, p. 132.

Dr. Storer had seen but three other cases of absence of the uterus. It would have been noticed that when the young lady was first sent to him by Dr. Garratt, he had not thought it necessary to institute a personal examination, inasmuch as none of the rational symptoms of retention of the menses had ever been present. The fact that there was atresia vaginæ was first ascertained by Dr. Garratt.

Dr. Field had seen a single instance of absence of the uterus. In this case there was an absence of hair upon the vulval and pubic regions, as well as of the mammary glands.

Dr. Garratt exhibited and demonstrated the method of working, as well as the superiority for gynæcological purposes, of his

NEW ELECTRODES.

Dr. G. prefaced his demonstration by the following remarks: —

"To the question, 'In what manner do we apply electricity in atony, amenorrhœa, or nervous debility,' I reply, mainly by a given method *through level, fine sponge electrodes*, using as much of a current usually as the patient can conveniently bear of the galvano-magnetico-electricity (simply the usual current of the ordinary cup and coil machine). Believe me, one of the greatest obstacles to the scientific, artistic, and more frequent resort to electricity in some form as a therapeutic agent, is the want of suitable electrodes. This may seem like a small point; but I assure you that, on the contrary, it is a most important one. No conveniently adapted electrodes for these purposes ever come with such machines. I have long and often urged the importance of this thing upon machine-makers, but their reply

is that they are difficult to make. Yet much of my own success is due to the practical electrodes I now show you, and to others also, of my own invention. But those of this particular shape and make are of most general use in my own practice, and can be safely recommended to the profession generally. You perceive how readily they can be attached to or detached from the conductors without any sort of binding screw. They are made somewhat in the shape of a table-spoon, of hard rubber, polished, and lined with metal. The cup or bowl of each is filled, a little more than even full, with close, fine sponge, which is stitched fast only about the edges, and can be replaced from time to time.* One pair of these should be with every electric apparatus, and they can be had, by designating '*Garratt's Spoon Electrodes*,' of

Leach & Greene, Codman & Shurtleff, or T. Hall, in Boston.

"The method for a general nerve tonic can be followed out either while the patient is sitting in the office or lying upon a lounge or bed at home, since these electrodes can be passed up or down the body or limb, *underneath the clothing*, as readily as the hand of the operator. Thus the negative should be planted first at the umbilicus, while the positive is applied and moved slowly, every few seconds, in a gliding manner, over the region of the vital organs, the abdomen, back and sides, the loins and the thighs. Next, plant the positive in the middle of the lumbar portion of the spine, and apply as before upward and downward over the body the

* See Figure 89 in Dr. G.'s work, entitled Electro-Therapeutics.

negative sponge, in all occupying some ten or fifteen minutes. Just before closing the sitting, a peculiarly good effect is produced by taking one electrode in each hand and applying them in the same gliding manner close about each other, so as to move from region to region without taking them off from the skin. This latter procedure may occupy some three to five minutes more, which in some cases may be also well followed by deep-shampooing."

Dr. Storer, from repeated observation of Dr. Garratt's skilful application of the new electrodes upon patients of his own in consultation, could testify to their great efficacy.

Dr. Warner could do the same, and he reported a case where, by pursuing the treatment in accordance with Dr. Garratt's advice, obstinate constipation, in a young lady in a condition of peculiarly marked general nervous atony, was quickly and completely overcome.

Dr. Sullivan reported a case of

MEMBRANOUS DYSMENORRHŒA BENEFITED BY THE ACID NITRATE OF MERCURY TO THE UTERINE CAVITY.

Mrs. S., aged twenty-two, American, married a year and a half ago, florid complexion, robust figure, in short an uncommonly healthy-looking young lady, early in January consulted Dr. S. for intense dysmenorrhœa.

Menstruation was established at fourteen, and for several months the function was performed without pain or other morbid concomitant. Soon after, in consequence of wetting the feet and ankles in melting snow, she was attacked with profuse leucorrhœa, followed by dysmenorrhœa, which had lasted, with greater or less severity, until the present date.

Digital examination revealed an indurated and engorged cervix, a patulous, everted, and granular os, and hyperæsthesia. The sound disclosed relaxation of the os internum, and an extremely sensitive condition of the fundus.

The acid nitrate of mercury freely applied to the mucous membrane of the everted labia uteri, cervical canal, and fundus, gave such relief that menstruation had been performed without the least suffering for three successive periods following the second application of that agent. Under appropriate treatment the leucorrhœa disappeared, and the general health improved *pari passu.*

Dr. Sullivan having incidentally spoken of the use of minute doses of

IPECAC AS AN ANTI-NAUSEANT,

Dr. Martin mentioned that Prof. Jacob Bigelow, of this city, many years since derided a student for speaking favorably of such treatment, in entire forgetfulness that he himself, in his "Sequel," then used as a text-book at the medical school, had endorsed the practice. The use of minute doses of ipecac to counteract nausea is common enough among physicians abroad, but strikes every one as a novelty when resorted to here at home.

Dr. Field had lately seen the same method of employing the drug recommended by Anstie, in his "Practitioner," and had himself since then resorted to it with benefit.

Dr. Sullivan had used very weak doses of ipecac as an anti-nauseant for twenty-one years, following Dr. Bigelow's suggestion, alluded to above by Dr. Martin.

Dr. Warner had known it to be employed many years ago at the West.

Dr. Garratt had learned of it long since from the late Dr. Benjamin Thaxter, when meeting him in consultation with Dr. Howe, of Weymouth.

Dr. Field stated that the practice commented upon was not to be taken as in any sense an argument for homœopathy. He had seen equal benefit from very large doses of ipecac, varying from gr. x. of the powder to ʒ ss., often repeated, in irritations of the intestinal canal, particularly in dysentery. These doses he had employed at the suggestion of a medical friend in Cincinnati.

Dr. Martin reminded the members that at the time of the first use of ipecac in Europe it was known as the anti-dysenteric root. Its employment for the treatment of that disease at the present time was only one of the instances, so frequent in the history of medicine, of the revival from time to time of old remedies for special indications. Similarly, the late Prof. John Ware, when lecturing many years ago upon anti-mercurials, mentions chlorate of potass among the rest, as at that time in very common use.

Dr. Garratt asked if the use of ipecac was not more indicated for chronic dysentery than for acute. He related a case of the former, where the result obtained from the drug had been very striking.

Dr. Campbell had had a similar experience.

Dr. Martin detailed a series of very remarkable results obtained by him, from copaiba and turpentine, in army dysentery, during the war.

Dr. Warner, Chairman of the Committee to consider the conflicting claims of the respective claimants of

THE DISCOVERY OF PRACTICAL ANÆSTHESIA,

announced the presence of a gentleman competent to give valuable evidence upon the subject. He intro-

duced to the Society Mr. Joseph Wales, of New Bedford, a brother-in-law of the late Dr. Horace Wells, of Hartford, Ct.

The remarks of Mr. Wales upon the early history of anæsthesia were listened to with deep interest; and the expectation that he expressed that Dr. Wells' memory, as identified with anæsthesia, now about being redeemed by a monument at Hartford, to be erected by the citizens of Connecticut, might also be vindicated by the endorsement of his claims by the American Medical Association at its coming meeting, seemed to meet with general favor.

Upon motion, the Committee upon the Discovery of Practical Anæsthesia were directed to carefully investigate the claims of Dr. Horace Wells to priority in this matter, and, if possible, to report at the ensuing meeting, with instructions also, if the result should prove favorable to the claim of Dr. Wells, to telegraph the fact to the Secretary of the Society, if at the time in Washington.

Dr. Storer called attention to the fact that there were certain matters initiated by, or otherwise interesting to, the Society which should come before the American Medical Association at its coming session in May. These were

I. The Memorial of the Society in behalf of a proper system of instruction in gynæcology at American Medical Colleges. This was presented at the last meeting of the Association, and upon motion of Dr. N. S. Davis, a Professor at Chicago, its discussion, in the absence of any member of the Society, had been postponed.

II. The action of the Society condemnatory of the resolution passed by the Association last year relative to the insertion of their cards in medical journals by special practitioners; and,

III. The discriminative and prohibitory tariff laid upon the graduates of all other medical colleges, save Harvard, in the matter of admission to the Massachusetts Medical Society.

Upon motion, the Secretary was directed to bring these several matters, in behalf of the Society, to the attention of the Association, presenting the latter of them by a formal memorial, to be signed by himself and the President.

Nominations were referred to the Committee upon Membership.

The President appointed Drs. Field and Martin delegates to the American Medical Association.

Adjourned.

THE OBJECTS AND METHODS OF RECORDING CASES IN GYNÆCOLOGICAL PRACTICE.

By Joseph G. Pinkham, Lynn, late Professor of Chemistry in Berkshire Medical College.

[*Read before the Society, July* 19, 1870.]

Physicians already very generally recognize the great importance of systematically recording their cases. It is my desire to induce a more effectual carrying out in practice of the principles which they already hold.

The objects to be gained in making systematic records of gynæcological cases are threefold, having reference to the patient, the physician himself, and the profession at large.

The patient's interests are always to be considered paramount to all others. The alleviation of her sufferings is the great end of all our study and all our labor.

How can her welfare be promoted by a careful and detailed record of her case? In several ways. 1st. Such a record gives the physician a more exact and comprehensive view of her condition, and renders it more probable that his diagnosis and general line of treatment will be correct. 2d. It aids the physician's memory, and obviates the necessity of asking at each visit tiresome questions, often asked before, which are so frequently a source of annoyance to the patient, and tend to weaken her confidence by giving the impression that her case is not fully understood and borne in mind.

Uterine diseases are so complex in their character, and so variously associated with both functional and organic disturbances in other parts of the system, that it is difficult for a common mind to grasp the whole at once, without opportunity for more mature study and reflection than can be indulged in during the brief time usually employed in making an examination. In fact, I do not believe that any mind, ordinary or extraordinary, can arrive at a proper understanding of, and treat successfully, such cases as we generally meet with in this department of practice, without having first gone carefully over the whole ground, examining and asking questions about every part of the body, and then reasoning from the data thus acquired to valuable conclusions concerning diagnosis and the remedial measures to be employed. This, in truth, is presumed to be done by every judicious practitioner. But where does he keep the account of his case? Chiefly in his memory, which, being often treacherous, must at times fail him, and lead to error and confusion. Many serious mistakes, compromising the health and safety of patients, have unquestionably arisen from the careless habits which prevail so extensively among medical men. It is a

positive duty for all who engage in the practice of gynæcology, beset as it is with perils on every side, to take every precaution against accident, even if in doing it they are obliged to double their activity.

With respect to the physician, whatever benefits his patient benefits him; in that it increases his reputation, gives him the confidence of the community, and enlarges his sphere of usefulness. But for a still greater reason than this is it for his interest to record his cases; for by this means he is able to profit by his own experience as he could in no other way. Every man is the architect of his own professional character. He may learn what others can teach him,—that is, he may receive facts and principles into his mind; but he must make them his in another sense before they can be of any real value. He must put them into practice. Here is just where the novice often finds himself, at sea when he supposed he was on dry land. There is no possible way for a man to become skilful in his trade or profession, but by working in it and through it. This is especially true in gynæcology. The *tactus eruditus* cannot be acquired except by the *tactus frequens*. Vision repeated once and again can only make familiar to the mind the appearance of the normal or diseased cervix uteri. A thousand symptoms and conditions not fully described in the books are, at every turn, coming up before the busy practitioner, and educating him as nothing else can.

But one man will learn more from a single case than another will from a hundred. It is not altogether the amount of disease which passes under a physician's observation that gives him knowledge and skill. A hospital nurse looks at as many cases of illness as the attending physician, but he does not thereby become as wise, for his mind has not been trained to think and compare. How

many physicians are mere nurses, looking at disease without seeing it, prescribing this or that drug because this or that authority has said it was good for such a case, — never rising to the dignity of original thought and investigation! These men are the dead weights on the neck of our profession, degrading it to the level of charlatanry, and perpetuating the reign of false medical ideas among the people. "Having eyes they see not, having ears they hear not," the things which pertain to the physical redemption of mankind. One case well studied is of far greater advantage than many carelessly observed. Nay, further, it is positively harmful to slur over gynæcological cases, for it engenders bad habits of thought and makes the chaos which already exists tenfold worse confounded. Our greatest men have been accustomed to make accurate records of their cases; and to this fact in a large measure we may ascribe their greatness. But the majority say that they have no time for such work. This is ever the complaint of indolence and incapacity. The busiest find time. The illustrious man, whose death this Society and the whole civilized world have been called on so recently to mourn, although in all probability doing five times the professional work of ordinary men, yet found time to make elaborate reports of his cases, and to write volumes from his experience. Witness the large works on the book-shelves before you. Diligence and energy are specific remedies for the lack-time disease.

But the profession at large, and, as a direct result, the community, will ultimately be the chief gainers from this labor of the scientific physician. Clinical experience is the foundation of all permanent progress in medicine. The theories and discoveries of pure science, so called, are of little value at the bedside, save

as indicating in a general way the direction in which truth lies. The chemist, in his laboratory, supplements the work of nature in furnishing compounds that may act as medicines. But here his labor ends, and that of the physician begins. Guthrie discovers chloroform, but it lies packed away on his shelf, unheard of, save by a few men of science, until the active brain of Simpson conceives the idea, and his brave heart makes available for mankind the fact that it is a valuable anæsthetic. The histologist with his microscope ascertains certain ultimate facts of physiology and pathology. From them he may make suggestions to the physician; but the latter, following his own methods, must verify, disprove, or modify the theories of the former, before they can be of any use in the management of disease. Not the mere anatomist, nor the mere chemist, nor the mere physiologist, is the true physician, but he who, gathering knowledge from every source, applies that knowledge directly to the cure and prevention of disease. The record of his experience constitutes the literature proper of our profession. Since Hippocrates, some such record has been kept. Had it not been for this fact, knowledge would have been merely traditional, as in the earlier ages of the world, and each generation starting from nearly the same point as its predecessors, very little true progress could have been made. The methods of observing and recording have always been more or less imperfect; and to this circumstance we must attribute a large share of the uncertainty which prevails in our therapeutics. In the light of a searching analysis of many cases carefully observed and recorded, a false theory could not hope to stand a moment. Who supposes that if the professional mind had been properly trained to see and think, the old weapon — ointment, disgusting medicaments of excrement and dead men's

bones, Perkins' Tractors, or the measureless modern folly of homœopathy would have gained such wide popularity?

There is great need of labor in gynæcology. All must acknowledge that uterine pathology and therapeutics are in an unsatisfactory condition. The greater number are unable to make a respectable diagnosis in the various diseased states of the female pelvic organs, and none except a few skilled specialists have either the requisite knowledge or patience to treat them successfully, even after a correct diagnosis has been made. It requires learning, experience, fidelity, and, I may say, enthusiasm, to battle with the opposing forces, internal and external, in the practice of gynæcology. How shall the mountains be levelled and the rough places made smooth but by the combined and organized effort of those who have entered this field of labor? In no other way, I dare assert. Let us suppose that every uterine specialist and especialist in the country should record, study carefully in the light of recent science, and analyze twenty-five cases in each year, — then publish either the whole series entire, or a summary of the most important facts and deductions, — how long would it be before a mass of reliable statistics would be obtained, sufficient, when properly handled, to settle many disputed points? How long before such an illumination would be shed upon the obscure pathology and foggy therapeutics of uterine disease, as to dispel all the darkness and make daylight for us to work in?

The Gynæcological Society of Boston is the pioneer institution of its kind in the country. Although young, its influence is already widely felt. Upon it may devolve the arduous but magnificent task of rescuing uterine specialism from the, I had almost said, merited obloquy under which it has rested in this part

of the land, and of raising it to the dignity of being the most honored as well as the most beneficent profession into which a man can enter. For the sake of the suffering sisterhood let us hope that it may be so, and that the members of this Society, and all others, may allow neither selfish pecuniary interest nor mental sloth to interfere with the high duty which they owe to humanity. The work cannot be done by a few leading minds alone. Instead of one trained observer, we want a thousand; instead of a dozen fighting men, a whole army. The services of the ordinary practitioner, as well as those of the expert, are here requisite. The errors and uncertainties which prevail in our therapeutics, the shameless quackery of the outside rabble, and the scepticism of intellectual men the world over, will all be dissipated when the great body of the profession, rightly observing and reasoning, shall labor together on some uniform and systematic plan for the advancement of the great cause. Some of the problems which we may hope in time to see solved in this way are: —

I. The exact pathology and etiology of the various morbid conditions of the uterus which bear the names of chronic inflammation, congestion, engorgement, induration, etc.

II. The relative frequency and importance of cervical as distinguished from corporeal disease of the womb.

III. The precise relations, or interdependence, of uterine disease and insanity, dyspepsia, anæmia, hysteria, and various other diseases of a general character.

IV. The causes, frequency, and importance of displacements of the uterus, and the value of pessaries in their treatment.

V. The methods of determining ovarian disease in

its incipiency, and if it is then amenable to medical as distinguished from surgical treatment.

VI. The best way of curing the "incurable" diseases of the womb.

VII. The direct effect of remedies, other than local, upon leucorrhœas, tumors, etc.

VIII. The propriety of certain heroic surgical procedures, such as ablation of the uterus.

IX. Intra-uterine medication, its advantages and dangers.

X. The influence of the various forms of uterine disease upon the products of conception.

Many other subjects that require investigation might be mentioned; but I have given a sufficient number for illustration.

The methods in which clinical records may be kept, are three: —

1. By writing them down wholly from memory after the events have taken place. This is so obviously a source of error, that a scientific physician cannot resort to it.

2. By taking a few notes of salient points and filling out from memory. This is the plan most generally pursued. Undoubtedly correct and valuable reports have been made by this method, yet it is open to serious objections. Oftentimes an essential link in the chain of facts is wanting, which must be supplied from memory. The temptation is great for the physician to put in such an one as will best subserve his purpose in proving a theory, or exhibiting his wonderful skill to his professional brethren. A general accusation is made sometimes against published reports, that they are manipulated and moulded into all desirable shapes before they are sent to the printer. I fear there is too much truth in the accusation. Strict honesty on the part of

the observer is requisite, in every case, in order that the report may have any scientific value, but mistakes and slight omissions, having a decided effect on the general tenor of a report, are apt to occur with many; so extremely fallible are we, owing to our near kinship with the perverse race of mankind at large.

3. By the third method, detailed accounts are kept of events at the time of their occurrence, making use perhaps of printed forms, at any rate trusting nothing to memory. Records kept in this manner are the only ones that ought to be regarded as evidence by scientific men. The printed forms are of value as systematizing the labor of making the examination and writing the records. They save much valuable time too, and may prove in many cases a useful prop to the weak-kneed virtue of our profession with respect to truth-telling. If a thing is set down in black and white on our books, we shall hardly feel at liberty to change it, even to save our reputation; and if events are recorded at the time of their occurrence, the chances are that it will be correctly done as we shall be unable at the time perhaps to recognize their present and prospective relation to other facts, and hence can be under little temptation to record falsely. In accordance with these views, I present, for the examination and criticism of the Society, certain blank forms to aid in making records of gynæcological cases, to the preparation of which I have given considerable time and thought.* I rely upon your experience and insight to suggest improvements. The items given, with appropriate spacings, are the following: —

* Dr. Pinkham's blank forms, presented at the meeting of July 19, were freely discussed, warmly commended, and by vote declared endorsed by the Society. — Eds.

I. HISTORY.

Case No. Date. Name. Age. Race. Nativity. Occupation. Parents' occupation. Age when menses began. Married. No. of children. Age of oldest. Age of youngest. No. of miscarriages. Date of each miscarriage. Cause of each miscarriage. Impregnation intentionally prevented. If so, by what means. Hereditary tendencies. Complexion. Size. Other points of interest.

II. PRESENT CONDITION.

A. Nervous System: —
1. Sleep. 2. Pain. 3. Mental States. 4. Hysteria. 5. Other symptoms.

B. Nutritive System: —
1. Tongue. 2. Appetite. 3. Stomach. 4. Bowels. 5. Ultimate Nutrition.

C. Respiratory System: —
1. Throat. 2. Breathing. 3. Cough. 4. Percussion Sounds. 5. Auscultation Sounds.

D. Muscular System.

E. Circulatory System: —
1. Heart. 2. Pulse. 3. Temperature.

F. Urinary Organs: —
1. Bladder. 2. Amount of Urine. 3. Appearance. 4. Chemical Character. 5. Microscopical Character. 6. Micturition.

G. Menstruation: —
1. Frequency. 2. Duration. 3. Amount. 4. Character. 5. Symptoms attending.

H. Leucorrhœa: —
1. Amount. 2. Frequency. 3. Character.

I. Pruritus. Caused by.

J. Other symptoms and conditions.

III. PHYSICAL EXAMINATION.

A. By Abdominal Touch: —
1. Tenderness. 2. Tumors, etc. 3. Tympany.

B. By Vaginal Touch: —
1. Hymen. 2. Vaginal Wall. 3. Cervix Uteri; Position, Size and Shape, Density. 4. Fundus Uteri. 5. Other facts.

C. By Conjoined Manipulation.

D. By Rectal Touch.

E. By Sound: —
1. Pain. 2. Direction. 3. Obstructions. 4. Depth of Cavity.

F. By Speculum: —
1. Introduction. 2. Appearance of Os and Cervix. 3. Appearance of Vaginal Wall. 4. Appearance of discharges. 5. Reaction of discharges.

G. By other methods.

IV. DIAGNOSIS.

Probable Cause. Illustration of Case.* Plan of treatment adopted.

V. PROGRESS OF CASE.

Date. Present Condition and History since last Visit. Treatment.

These skeletons are to be published in book form, and on separate sheets, by James Campbell. I present also some simple tables for the analysis of cases, which will appear in the back part of each book.

* By two diagrams, one representing in outline the anterior aspect of the abdomen, and the other a median section of the pelvis. Any condition of disease, as a tumor, malposition of organs, etc., may be readily indicated on these diagrams.

If my labors shall have the effect of exciting increased interest in this important subject, I shall feel amply repaid.

COMPLETE ATRESIA VAGINÆ WITH LOSS OF BASE OF THE BLADDER AND POSTERIOR WALL OF THE URETHRA, WITH SUCCESSFUL OPERATION FOR RESTORATION OF VAGINA, AND NEARLY COMPLETE REPAIR OF THE URETHRA.

By J. H. Beech, Coldwater, Michigan.

[*Communicated to the Society, and read April 5, 1870.*]

April 7th, 1867, Mrs. E. H., aged twenty-seven, apparently in good health, was examined by Dr. S. S. Cutter and myself, for difficulties of which herself and husband gave the following account:—

A little more than two years previously she had given birth to a child, at full term, without anything, to their knowledge, extraordinary occurring during the labor, except that it was called "very severe." The professional attendant was an illiterate and intemperate homœopathic practitioner. Immediately succeeding was an extremely tedious and protracted illness, which, from their description, must have been intense pelvic mucocellulitis. When, after many months, the tonicity of the system was so far restored as to exhibit prodromes of menstruation, no "show" appeared. A few regular repetitions of the usual signs, with enlargement of the lower abdomen, and the fact that neither the husband nor the practitioner could find any channel by which she could have become pregnant, suggested the calling of equally wise, but *more penetrating*, council. Retained menstrual fluid being diagnosticated, in accordance with

the woman's previous opinion, and an elongated, soft tumor being found, it was seized and its whole base cut away. The first gush, the husband says, was of urine, but immediately afterwards "about a quart of tarry fluid" was evacuated by means which he did not fully comprehend.

No urine had been retained since. The parts were now completely cicatrized. The middle portions of each nympha had sloughed, leaving the margins like the handles of a satchel. Menstrual fluid was slowly distilling from a capillary opening on the face of the vaginal cicatrix, which would not admit the gold probe used for the ductus lachrymalis.

Two fingers readily passed into the bladder, and only the pubic wall of the urethra remained. Extreme poverty had prevented the procuring of any artificial retaining or receiving apparatus; consequently the vulva, nates, and thighs were seethed by the protracted soaking in urine. Between the finger in the rectum and one introduced into the bladder we could feel a hard, but elastic, cord of about two lines' diameter, and nearly three inches' length, extending from the face of the vaginal cicatrix to the uterus, which could be felt from either viscus.

Four days subsequently, to wit, on April 11th, 1867, menstruation having ceased (which discharge had always been small, except when the accumulation of several months was evacuated, as before described), Drs. S. S. Cutter and L. C. Marsh assisting, the patient was put in position for lithotomy, and was well anæsthetized by pure chloroform. I proceeded to dissect lengthwise the vaginal, cord-like cicatrix, cutting first in the mesial line between the base of the nympha of either side, from very near to the posterior edge of the open bladder backwards to the fourchette. This incision was about

one and a quarter inches long and five lines in depth. Beyond this depth my incisions were made transversely, my pioneer instrument being an arrow-headed trocar of about four lines' breadth. This instrument I pushed as nearly along the centre of the cicatricial cord as possible, guided by a finger either in the bladder or rectum, frequently changing it, using pure lard as a lubricator, and constantly exploring the wound which I was making.

When the width of my trocar had been cut a few lines deep, a dull, but smooth-edged, bistoury extended the incision until the tissues yielded before forcible taxis. At about one and three-quarters inches' depth we reached a patulous portion, about half an inch long, which would scarcely have admitted a crow-quill. Beyond this, a full half inch of apparently impervious cord, as before, was dissected through, when my finger detected the unctuous endo-cervical secretion. Finding that I had reached a pouch of vagina through its anterior wall, my opening was enlarged by cutting directly towards the rectum. This normal portion of vagina was barely sufficient to receive the healthy uterus, with sufficient mucus to lubricate the surfaces. Now, turning the backs of my hands together, I introduced both index fingers, and stretched the entire depth to as nearly equal a diameter as possible. During this protracted operation my medical friends had kept the anæsthesia nicely balanced and rendered other assistance, without which my efforts would have been unavailing. The hemorrhage being slight and the vis naturæ seeming good, we believed that dangers would be lessened by immediately repairing the vesical fissure as far as possible. I therefore proceeded to denude the borders of said fissure, and so much of the post-pubic tissues as could be made available in restoring the urethral canal. Silver sutures, with small leaden-bar clamps, were used for

retentive apparatus. A short catheter was introduced, and tied to the fenestrated nymphæ. A large, crisp sponge, previously compressed to a cylinder of about three-quarters of an inch diameter by four inches in length, enveloped in a fine rubber capote, was inserted into the newly made vagina. About fl. ʒ ij. of water were thrown upon the sponge, and the whole retained by a T bandage, through which the catheter was allowed to pass. Our patient required only a moderate amount of anodynes for about ten days, by which time the sutures had been removed.

May 5th, twenty-four days after the operation, some complaint being made of ardor urinæ, I found that the urethral orifice did not seem as perfect as it had, and that some urine was escaping in spite of the pressure of the sponge in the vagina. On the same day, without knowing what I had discovered, the husband boasted that she had permitted him to "try the thing on," on the second and third instants. During the first three weeks there was entire desquamation of the epidermis from the nates, thighs, and knees, some irregular patches of three square inches' surface separating.

About a month later, to wit, on July 7th, another attempt at urethroplasty was made. Under chloroform free incisions were made to loosen the tissues, and sufficient substance appeared to be firmly united by the wire sutures and leaden-bar clamps to effect the desired object.

But lo! in evidence of the difficulty of controlling patients outside of hospitals, on the afternoon of the third day she walked across the street to a garden, in a very hot sun, and picked a mess of peas for herself and husband! The next morning I found but one suture, of the three inserted, in place. Her condition was very little improved by the operation, although there really

was something gained. Not long after this, being certain that coitus was stealthily practised, I removed all injunctions in order to obtain the facts as to its success. A few days afterwards, I obtained a report, which I doubtless might have had before but for my repeated forbidding. The husband expressed great satisfaction, and the patient admitted that the act was not without pleasure, but that there were "not natural feelings just there."

Five months subsequently, on Dec. 7th, 1867, the husband being away on business, and the patient boarding with a sister, an attempt was again made at urethroplasty, with as good promise as before. Two or three days afterwards, news reached her that her truant man had married a hasty widow, and was already arrested for bigamy. Of course Mrs. H., prima, was not to be kept in her bed, — nor anywhere else, — so that but trifling improvement was made. After this, however, the vaginal sponge tampon retained the urine until a sense of fulness gave warning in time to seek a place for evacuation.

April 23d, 1869, the husband being securely housed in a State Institution, she became clamorous for another operation; in which I was assisted by Drs. S. S. Cutter, and Dwight C. Marsh, and Mr. Geo. Voorhees, medical student, from Adrian, Mich. The proceedings were essentially like those previously described; and we again felt strong confidence in the result. Five days later, on April 28th, just as I was starting to visit and dress my patient, I was called to an accident in the country; and before I returned she found that the catheter was closed by the urinary deposit. Although she had been instructed to remove it in such case, she did not, but sent two messengers to my house in vain.

On my way home from the country, I called a few moments before the second messenger returned; but found that the bladder had emptied itself by bursting out my sutures again.

I believe that keeping the catheter in so long (it was cleansed or changed every day), or, perhaps, using it at all, in the last three operations, was injudicious. The patient still wears a sponge within a rubber capote, enjoys good health, and gets good wages at general housework.

Is another operation advisable upon this patient?

EDITORIAL NOTES.

IN OUR LAST NUMBER we mentioned the remarkable, we might say the universal interest, that gynæcology is now exciting in the profession, and presented pertinent extracts from a paper read at the late annual meeting of the State Medical Society of Connecticut.

We turn from Prof. Hubbard's address to that, upon a similar occasion, of Dr. Didama, of Syracuse, President of the Medical Association of Central New York, whose wit, good sense, and manliness, have already endeared him to a host of our readers: * —

"As illustrating the progress of medical ideas," he says, "the necessity of specialties, with the reluctance of the profession to tolerate them, and the ultimate establishment of truth, we may glance at the history of gynæcology.

"As a special science this is of recent origin. Twenty-five years ago Dr. James Henry Bennet, of London,

* See this Journal, August, 1870, p. 117.

published the first edition of his work on inflammation of the uterus. In it he called attention to the fact that uterine disease was not so rare an affection as had been supposed by medical men. He showed that, under the general term 'weakness,' a multitude of distinct and widely different lesions were included, each requiring appropriate treatment, the only weakness in these cases being that exhibited by the physician who could not or would not make the necessary examination,—and he claimed that the employment of the speculum was indispensable for the diagnosis and treatment of most uterine diseases.

"For the publication of these views, and especially for the popularity and favorable results of his practice, he was assailed, by his brothers in the profession, with abuse and misrepresentation, so unmeasured in violence and so malignant in spirit, that his success would have been assured, had he been an apostle of error instead of the messenger of truth.

"It was proclaimed—and no effort was spared to secure the fulfilment of the prediction—that the high-toned and virtuous women of England would never submit to examinations and treatment which were peculiarly adapted to the indelicacy and low morals of the French.

"But disease is no respecter of nationalities; and the high-toned and virtuous did seek relief from their sufferings, and did receive such intelligent treatment as restored them to health and usefulness. Then the opposers of the new and rational practice,—and they included such names as Tyler Smith, Marshall Hall, and other magnates of the profession,—finding that their compliments were thrown away on those subjects who, while they were women of England, were also women who did not like to drag out lives of misery, if relief

were possible, changed their tactics, and boldly affirmed that disease of the uterus was a myth, having no existence, except in the imagination of the patient or the biassed vision of the examining surgeon.

"In proof of this statement, they cited the hundreds of examinations which they themselves had made, without discovering the lesions described by Dr. Bennet; although they forgot to explain how it happened that the high-toned and virtuous submitted to *their* examinations, especially when required neither by necessity nor propriety. Failing to impair public confidence in the integrity or skill of the now famous doctor, they were finally guilty of the baseness of asserting, in the London 'Lancet,' of August, 1850, that 'a veritable uterine panic affects the upper and middle classes of society, and every woman with the slightest ache or discharge is not satisfied until the peccant organ has been ocularly inspected.'

"The reply of Dr. Bennet was admirable and overwhelming, concluding with these words: 'Five years ago, when I published the first edition of my work, I was greeted by the observation that Englishwomen were too modest and reserved to submit to physical examination, and that I should only destroy my professional prospects by advancing views which required it. Now, however, that Englishwomen suffering under uterine disease are beginning to become aware that relief is to be found, and that they no longer need be handed from practitioner to practitioner in a vain search after health; now that they show themselves willing to control agony of mind and pain of body, for the sake often of those who are dear to them, an odious accusation is thrown in their teeth, and they are told that they are ready, nay, *anxious*, to submit to uterine examination, nearly without a cause or pretext. I can only say that I meet with

no such females, either in the higher or the lower ranks of my countrywomen, and that I blush for those who thus asperse them.'

"The fight was long and bitter; but in the end, of course, prejudice and ignorance were vanquished; and all the intelligent scoffers became, by easy gradation, sullen listeners, penitent learners, and zealous converts.

"In this country the history of gynæcology has presented some curious phases. In New York, where every one finds enough to do in minding his own business, without meddling with the affairs of his neighbors, Sims, Emmet, Elliot, Bozeman, and a score of others not so generally known, have pursued their beneficent calling without molestation.

"In Boston, when ——, who had been the student and companion of the eminent Sir James Y. Simpson, proposed to devote himself to the treatment of woman's diseases, he was gravely and significantly warned by the oracles of the Hub that the respectability of the Hub would never tolerate any such specialty. The young surgeon, happening to possess manliness as well as genius, audaciously determined to follow his own convictions of duty, and, if necessary, to fight, single-handed, the entire force of respectable conservatism.

"The war was opened with vigor, and prosecuted with unrelenting bitterness. The old London arguments were re-hashed, and spiced with much original gall.

"They began with the complacent assurance that Boston ladies would never, no, never, admit that they were subject to diseases incident elsewhere to the sex, and tapered down to the fearful whine and sneer that Boston ladies were no better than they should be, after all.

"The profession in the rural districts rallied to the

support of their persecuted brother, — whose business increased to magnificent proportions, — while the conservatives only caught a Tartar convert, in the person of a Mrs. Dall, who overdid the business, and brought ridicule and confusion upon her friends, by declaring that the presence of a male physician, in the sick chamber of a lady patient, always excites her sexual propensities.

"'Hoist by their own petard,' the conservatives at once dropped the delicacy and morality dodge, and watched, with more or less satisfaction, the growth of the Boston Gynæcological Society, which already numbers amongst its members many of the best surgeons in this country and Europe.

"Elsewhere, throughout the land, the practice of the specialty in question has excited but little opposition. Occasionally some dirty dog, fearing or feeling the loss of his bone, utters a nasty snarl, because women are not idiots enough to refuse the only kind of treatment which proffers certain knowledge, instead of old-granny guesswork, in detecting and curing those diseases which condemn the afflicted to a premature grave, or, worse than that, to a useless and hopeless life of suffering; but, as a very general rule, physicians recognize the existence and the importance of uterine disorders, and either themselves treat the cases or secure treatment by those whose greater experience implies, if it does not insure, superior skill." *

WRITING AT MOUNT DESERT, that delightful bridal-place of mountain and sea, where every breath is a tenfold renewal of life and a few days' vacation restores a vigor almost forgotten, we yield ourselves, not unwillingly, to its softening influences. Meeting here but

* Rochester Daily Democrat, June 22, 1870.

kindly faces, how can one preserve even in his thoughts the semblance of any antagonism, or feel other than a brother's interest in all that pertains to the welfare of those distant medical circles at home? We take the opportunity for peaceful reflection upon issues no more personal than public, that have from time to time been forced upon us, and it is true that we have not hesitated to accept.

At heart originally very conservative, so far as concerns holding to the old landmarks, we have become, almost in spite of ourselves, one of the leaders in what is acknowledged to be already a very powerful Opposition; and we have it in our power, we find, to widen or close rifts in the profession which are rapidly ceasing to be local in their character. Old friends, new friends, have counselled us. We have listened to them or not, as occasion seemed to require. And now, as we rest from the turmoil for a moment in this sweet quiet, there come back to us varied words of admonition, encouragement, denunciation, written and spoken, by living and dead. To all of them we give patient heed.

Musing as we are doing in print, it is with no intention of putting ourselves upon any defence. There are those, however, who have desired, and they have the right, to know why, as editors of a journal which has secured an unexpected degree of success, we have assumed what has been termed, and approved as, a distinctive policy.*

1. We have gently touched, first upon this side and then upon that, as with a shepherd's crook,—which directs, imperceptibly it may be, but usually surely enough, towards any desired end, provided that this be well defined, duly determined upon, in itself proper,

* New York Medical Journal, August, 1870, p. 101.

and followed with persistence, — certain public institutions, well known to the profession throughout the country, and supposed by the inhabitants of this city to be models of their kind.

2. We have referred, disrespectfully some say, to individuals, towards several of whom, apart from their connection with the institutions referred to, we still entertain a personal regard.

3. We have initiated, or assisted in, the correction of abuses, in opinion or in practice, to which these institutions have been committed, or towards confirming others in which their influence, both public and private, has been uniformly exerted.

4. We have alluded, in sufficiently distinct terms, to the fact that our native city, charming place of residence though it be, etc., etc., does not constitute, as seems to have been supposed by some of its residents, the whole universe, hub, spokes, rim, and tire. And it is said, that,

5. While aiming at breaking the power of a certain little local "ring" of professional politicians, we have assisted in establishing a clique whose prospective influence, just as its aim and resources, is, in comparison with the power it is supplanting, simply boundless.

And what interest, it has been asked by those who have opposed us, can this Boston ferment, general though it has now become, possibly have for the distant subscribers to the Society's Journal?

A single word will answer this question. Every point in "medical politics," as we have termed it, that interests one physician, interests all. Whether in Calcutta or in Edinburgh, Denver or East Eden, a right or a wrong lies at the foundation of every local question that can be agitated, and there exists beneath and beyond this, moreover, an identity in the questions themselves

which renders every petty and every major solution of absorbing interest to the intelligent reader. Whether it be Evans of Paris and Marion Sims at blows about the conducting of ambulances, or Sayre of New York coming unscathed from the courts, or Hibberd of Indiana and Martin of Boston Highlands insisting upon the necessity of general, compulsory vaccination, there is but one fundamental inquiry, Wherein lies the right? To find this out, concerns all men. It concerns all, likewise, that the right shall finally prevail.

But why, we are asked, do you place yourselves, or, as we prefer to word it, permit yourselves to be placed, eternally in antagonism? "To what?" we merely reply. We are not in antagonism to real professional advance, of whatever sort or of whatever character. We believe that we shall be found working side by side with all good and true men, as regards the improvement of medical education, the weeding of ignorance, deceit, and crime from the professional field, the solution of vexed questions in theory and practice, and the recognition of individual merit. Is it in antagonism to the opponents of such progress that we are charged with being? If so, we frankly acknowledge the truth of the allegation; and may our hand forget its cunning ere we cease from the strife.

With reference to certain specific statements to which we have alluded, it is perfectly understood in Boston, and the fact is well enough appreciated by the host of physicians elsewhere who have had residence here of longer than a week's duration, that the whole affair, dating from its true outset, lies in a nutshell: a determination upon the part of a few — and at first they were indeed a very few — that gynæcology should be acknowledged and treated with becoming respect, and upon the part of the many that it should not be. Every

personal misunderstanding in which as editors, and we might also say as individuals, we have been involved, has had herein its point of departure.

"Is this possible?" we are asked. "Is it really true of the position, every day growing more and more serious, that you have assumed with regard to the Medical School of Harvard University?" We soberly ask ourselves the same question, down here in the wilds of Mt. Desert, and we reply, in all sincerity, that therein the whole trouble began. Ellis and Hodges and Minot, Holmes and Bigelow and Jackson and White (Buckingham we count out as having practically placed himself beyond the circle referred to), — all those, in a word, of the group who may have found themselves under the editorial ban, with trouble for themselves in the past or future, owe it to one or another of their own number, and not, we can truly say, to ourselves. They may affect not to remember, it might be inconvenient for them to do so, the real beginning of the breach.

"Just as though it were his mother," President Eliot once wrote to us, "when a man strikes his Alma Mater, the presumption is against him." To that extent, and only in default of valid reason to the contrary, we acknowledge that the presumption does lie. But there's a limit to parental discipline, and when a child, or an alumnus, is disciplined without due cause, the parent sometimes comes, with justice, to a greater grief.

"How could he deliberately forfeit," was asked of a friend the other day, by one of the teachers in The School, "his certainty of a professorship in Harvard University?" "Why," it was replied, "is it possible that you think that he has no higher ambition than a chair in a second-rate medical college?"

No man has reason to have, or has, a higher respect for the University than ourselves. No man has a more

sincere belief in what the Medical School, in other hands than the present, may yet become. For our own part, having long since relinquished the dream of our younger life, when denied the privilege of teaching youthful students, we turned to the higher task of removing the rust from full-grown men. We have personally nothing to gain and nothing to lose by our course towards the college. Maturer judgment has taught us that, rather than work for the establishment of a second school, which a couple of years back would have been opened had it not been for the treachery of one in whom we had confided against our better reason, it were better to examine into the foundations of the old concern. If our gentle taps reveal now and then a flaw or a bit of decay, so much the better in the end for the college and the true interests of the profession.

There's a power at last at work as certain and as resistless as death. Strange changes have occurred at Cambridge within a twelvemonth. Stranger than these are yet to come. We have repeatedly scourged in this Journal the Boston tendency to depreciate the great medical centre of this country, New York. In our May number we referred to the Faculty of the Long Island School, with the wish that certain of them were only here to do much needed missionary work. In our August number we alluded to the unfitness for his post, of the then incumbent of the Physiological chair at the Harvard School. Is it a mere coincidence that within a month from that time, at a special meeting of the Board of Overseers of the University, there was appointed to lecture in the department of Physiology, Dr. Lusk, — a gentleman competent, there is every reason to believe, to redeem it from the disrepute into which of late years it had justly fallen, — who is at once a resident of New York city and a professor in the Brooklyn School?

One more strip from the old rag known as the Boston Policy torn off and gone to the winds! Another soon.

And so, listening to the rote of the sea and drinking in these refreshing draughts from a purer atmosphere, we have answered our own and our friends' questionings, and we patiently bide our time.

WRITING AT OTTAWA, a few days later, at the close of the session for 1870 of the Canadian Medical Association, we find ourselves chronicling events of more than ordinary interest to thoughtful physicians upon our own side of the border. Following the lead of the American Association; the principal medical men of the Dominion organized themselves into a national body, very soon after the confederation of the Provinces, adopting very closely our own Code of Ethics, Constitution, and By-Laws. Though the interests to be consulted were myriad, — for no one who has not studied them with care can have any idea of the intricate commingling of nationalities, religions, and politics, local and of a more general character, here obtaining, — the movement was very generally acquiesced in by the profession, and the results have been already far more positive and satisfactory than could have been anticipated.

For the past year it has been known by those of us in the States who are interested — as who of the profession at large is not — in the elevation of the standard of medical education, that at this meeting of the Canadian Association the outline of a bill would be reported by the committee having the matter in charge, of whom Prof. Howard, of Montreal, is chairman, to be entitled "The Medical Act for the Dominion of Canada," and having for its object a more complete repression of char-

latanry, an improvement of the system of medical education, already in some respects far superior to our own, and a recognition by the schools, of the outside profession, as a counselling, supporting, and, to a certain extent at least, controlling power. It had been foretold by the most conservative men, — and it will be recollected that conservatism is as distinguishing a trait of the colonial as of the native Briton, — that the Association could come to no common understanding upon any of these points, much less upon them all. The event proved the contrary.

The Western Province, in what is known as "The Ontario Act," passed some little time ago, had given a more than tacit recognition to "the sects," as they are here called, or, to repeat the baptismal name conferred upon similar individuals in the States, to "those who choose to walk in the paths of pseudo-science,"* — and in consequence Homœopaths and Eclectics, as such, had been admitted to an influential position in the Medical Council of Ontario, and, strange as it may seem, they now form members of its Examining and Licensing Board.

To retrace a false step is not always easy, providing even the inclination to do so exists. There can be no doubt, however, that in this instance, such will practically be done, and there can be no question, unmistakable as is the position of the Province of Quebec and the Maritime Provinces in reference to every form of quackery, that the profession in Ontario is equally indisposed to degrade itself to a level with the guerillas of the medical age.

We were not displeased, though apparently it might seem to conflict with American ideas, to see the gen-

* Boston Medical and Surgical Journal, May 19, 1870, p. 382.

eral leaning to a Central Examining Board, with non-reception of college diplomas, no matter what their source, save in presumptive endorsement of a candidate's professional fitness. It was a painful shock to us, as Harvard men, to hear it stated in open session that in Ontario the Cambridge degree had been pointedly refused recognition by the Examining Board, because of the gross incompetence of persons who had presented themselves fresh from graduation at that school. Well known as it is that scores of provincial students for many years have flocked to Boston to get their diplomas more easily than at home, and that the college by the means familiar to canvassers has particularly bid for this class of students, the fact we refer to becomes the more distasteful.

As gynæcologists, the action of the Association in fixing the minimum of instruction in our own department at "two courses of study of six months each, in the diseases of women," independently of midwifery, to which also an equal amount of attention must be given, as well as "attendance on the practice of a lying-in hospital for six months," has afforded us much pleasure.

By this and similar positive action, upon the part of our Canadian friends, more has been done in three days to necessitate an elevation of the standard of medical education in the United States than has been accomplished by the many years' discussion of the subject at conventions of our medical teachers, all told. Hereafter, provincial students intending to practise at home cannot come to our schools unless these are raised to the Canadian standard, nor can our own graduates cross the border with the intent to enter upon practice.

In one very important point the Canadian Association has improved upon the proposed Medical Act of the mother country. There, the Central Council is to

be taken wholly from the schools and universities; here, one half of its members are to be elected from the outside profession. It is the first distinct and authoritative recognition of the doctrine enunciated and accepted at the meeting of our own Association the present year, that the profession, as such, has a controlling power over the colleges. That power each year will make more and more manifest.

Of the courtesy with which, as a delegate from the American Medical Association, we have been received at Ottawa, we need not speak. Meeting many old friends, encircled by men by far the majority of whom have been bred across the water, and who acknowledge the same teachers and doctrines as ourselves, our trip has been indeed to a professional Mecca, and we return more sure than before that our daily path, over whatever roughnesses it may be, points towards the only true and worthy goal.

"ISSUES NO MORE PERSONAL than public," we have said, are each and all that this Journal has yet discussed. And when we write, discarding the wiles of a hackneyed and but semi-astute diplomacy, we use plain English, and touch the thing, whatever it may chance to be, with the needle's point.

Early in the present month, at the Stated Meeting of the Councillors of the Massachusetts Medical Society, a report is to be made by a Star-chamber Committee, consisting of Drs. Wellington, of Cambridgeport, Millet, of Bridgewater, Savory, of Lowell, Bronson, of Attleboro', and Hosmer, of Watertown, who have been appointed to consider what shall be done with certain physicians of this city and State, who were instrumental in procuring the action by the American Medical Asso-

ciation, in May last, with reference to the Society mentioned, irregular practitioners, and the Medical College.

Inasmuch as the action in question was wholly based upon a formal memorial from the Gynæcological Society to the Association, duly presented and considered by that body, and was not obtained by any individual or individuals as such, we look with curiosity for the report of the committee. It is intimated that an attempt will be made to evade the question by laying the matter upon the table, or affecting to consider the Massachusetts Medical Society as the victim of a stupendous joke. This, however, we do not intend to permit. We demand that the report be made. When this has been done, it will be time for us to consider who are the parties to be pilloried.

It is not necessary for us to call the attention of the Councillors from the country districts to the importance of their attending the coming meeting, the result of which may have somewhat to do with the future harmony, and, perchance, the very existence, of the State Society.

Meanwhile, we have been admitted behind the tawdry scenes of the great congressional puppet-show at Washington, and, without our own seeking, one of the chief managers' wires has been placed in our hands. Upon what purely selfish and personal issues hang, usually and everywhere, great public destinies! Nine Yankee carpet-baggers, so runs the record sent to us through one of themselves from their great captain-in-chief, have been detailed to the little State of Massachusetts, in the midsummer heat, to enter into meetings of its medical societies and the caucuses of a gubernatorial campaign, nominally to unmask a so-called bid, twenty years in advance, by an obscure individual for the Presidency of the American Medical Association, but in reality to

stir the political caldron with our National Association as the disturbing-stick, in the vain hope that the old question that both North and South believe is at last buried forever, may perchance be made to rise again for the moment, to vex men's souls and to secure a patent political end.

A plague upon such demagogues. If certain public men whom we might name, and whom as Northerners we have to this time always supported, desire by striking at our profession, privately or publicly, collectively or as individuals, to create what may prove the nucleus, however seemingly insignificant at first, of a great reactionary movement in American politics, for which the times are rapidly ripening, we deprecate, but might not refuse to accept, the challenge.

In our issue for August we gave a brief notice of the fact that the physicians of Lynn were taking steps to bring to merited judgment one of their own member, Dr. Asa T. Newhall, who for many years has brought reproach upon the profession by the habitual and unconcealed practice of criminal abortion. Since then we learn that the complaint was made out in due form, signed by nearly all the regular physicians of the city, and forwarded to the President of the Massachusetts Medical Society. The trial took place at Boston, on Thursday, Sept. 1st, the accused with his accusers having been summoned to appear before the Board of five Commissioners designated by the President of the Society to try the case.

The charge against the accused was in substance that he had been guilty of grossly immoral conduct in the practice of criminal abortion. In order to give

directness to the accusation four instances were specified from among the many within the knowledge of Lynn physicians, in which the crime alluded to had been committed. These did not include the cases which had been brought prominently before the public through coroners' inquests and judicial proceedings.

Notwithstanding the man's well-known effrontery of character, he did not have the hardihood to attempt even a show of defence, but allowed the case to go against him by default. He was doubtless well aware that his presence would only furnish opportunity for a more emphatic and detailed declaration of his crimes, without affording the slightest possible hope of acquittal. And he doubtless felt, too, that the moral sense of the community, so long outraged and defied, was at last aroused, and would be satisfied with nothing short of the most condign punishment.

His expulsion has purged our ranks of one dishonorable name. Are there any others? Let us look well to it! A ball has been set in motion which should not cease rolling; a movement has been inaugurated which should not be arrested until it has overthrown the grim Moloch to whom our children are being yearly sacrificed in numbers that would seem incredible to one not familiar with the statistics of the abominable rite. Earnest, persistent labor is required, both inside and outside of the profession. In our keeping, fellow-physicians, lies the great issue. We can, in time, create a healthy public sentiment where it does not now exist. We can speak out boldly and let people know what we, who have had the best opportunities for investigating the subject, think of criminal abortion, both in its medical and legal aspects. In this way we can at least drive the harpy from the abodes of the virtuous and good, where it too often makes its foul nest, and banish

it to regions inhabited by persons of no doubtful character.

The physicians of Lynn have done their duty tardily but well; and from remarks we have heard dropped, they do not intend to let the matter rest there, but will keep a watchful eye upon the culprit, whose presence would better grace the inside of the State Prison than the free streets and homes of a Puritan city.

It is unpleasant to use such language with reference to any individual; but it is intended for Dr. Newhall as the representative — and a fitting one, too — of a class. We have such an utter abhorrence of any man who could for a long lifetime derive his income from, and grow rich upon, the profits of this nefarious business, that the strongest language seems tame when we are writing upon the subject.

WE HAVE FOR SOME TIME been intending to say a word to our readers upon the importance, in a gynæcological light, of providing a better system of public "latrinæ" in all our large cities, and of a better arrangement of apparatus for a similar purpose in private dwellings. This is a matter, we are glad to say, which is already receiving deserved attention from the State Board of Health.*

In looking up the literature of the "dry-earth system," at present so deservedly attracting public attention, we find a page or two directly to the point as specially affecting the health of women. In this connection we will not dwell upon the great value of the earth-closet, as tending to prevent the extension of

* The Prevention of Disease. By George Derby, M.D., Secretary of the Board. First Annual Report of the State Board of Health of Massachusetts, 1870, p. 54.

cholera, the occurrence of typhoid and the like, — questions to which we may hereafter take occasion to recur. There is not a dwelling-house, a hotel, or a manufactory in the land, even if already provided with expensive plumbing work, where the closets would not be found a most useful appendage.

"Probably no single cause has had so much influence in producing the peculiarly delicate condition for which women living in the country and in small towns in America are notorious, as the discomfort, inconvenience, and frequent repulsiveness of their closet accommodations.

"In towns which are supplied with water, and in those houses of the better class which are furnished with water by private works, the use of the water-closet soon becomes universal, and its usefulness is at once recognized. But, probably, ninety-nine out of every hundred habitations in the whole country have nothing better than an unsightly privy, standing at some distance from the house, — too often barbarously foul, — and generally unapproachable except by an entirely unprotected walk, that is more or less exposed to public view, and, in wet or cold weather, is passable only at the risk of getting wet feet, draggling through wet grass or weeds, plodding through snow, or facing cold winds and storms.

"As a natural consequence, delicate women soon school themselves to a postponement of the demands of nature, sometimes for days together, rather than expose themselves to the danger of taking cold and to the certainty of great annoyance. Sometimes modesty, and sometimes the dread of discomfort and exposure, is the motive. In all cases the result is the same. The natural functions become disordered, the digestion is impaired, and dyspepsia, with its thousand-and-one horrors,

breaks down the constitution and lays the foundation for all manner of 'female complaints.'

"It is unnecessary to enlarge on this subject. Every sensible woman who has been subjected to the evil alluded to must accept the foregoing statement of the case as a true one, and recognize the fact that any plan by which suitable accommodation can be provided within the house offers unspeakable relief.

"In addition to this, women who have had the least experience in sick-rooms know that nothing connected with our lives is more horrible than the want of suitable accommodations for helpless invalids (and this not even the water-closet supplies), — horrible for the attendant, and still more horrible for the invalid himself.

"The most perfect relief in both cases is afforded by the use of the earth-closet. It is not worth while to discuss here the relative superiority of the water-closet and the earth-closet; the only idea that it is sought now to enforce is, that by the aid of the latter, the well-known advantages of the former are placed within the reach of every person in the land."

We have spoken of the general subject of cabinets d'aisance for females. There are many topics of equal special interest to which we intend, by and by, to refer. Such are, the injurious effects of the sewing-machine, and the means of averting them; the common-school system of New England in its relations to female scholars and female teachers; the physical evils of intentional sterility in the married; and the employment by the unmarried, of the worse than Pompeiian thalli, now unblushingly sold at the rubber stores of this city.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. III.] NOVEMBER, 1870. [No. 5.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

THIRTY-THIRD REGULAR MEETING, MAY 3, 1870.

THE thirty-third regular meeting of the Society was held on the evening of May 3d, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Dutton, Warner, Warren, Weston, Martin, and Bixby, and, by invitation, Dr. J. H. Streeter, of Boston Highlands. Owing to the absence of the Secretary, the President appointed Dr. Bixby, Secretary pro tem.

The records of the last meeting were read and accepted.

The Secretary read letters from Drs. E. L. Beaumont, of Lavaca, Texas; W. H. Williams, of Shreveport, La.; N. E. Jones, of Circleville, Ohio; John M. Willey, of San Francisco, Cal.; Edward Garraway, of Kent, England; Robert Newman, of New York City; John Ordronaux, of Roslyn, N. Y.; and Henry F. Lyster, of Detroit, acknowledging their election as Corresponding Members. He also read two letters from Sir James Y. Simpson, of Edinburgh, relative to his reply, communicated through the Society, to the second letter of Dr.

Entered, according to act of Congress, in the year 1870, by HORATIO R. STORER, M.D., in the Office of the Librarian of Congress at Washington.

Jacob Bigelow, of this city, concerning the discovery of practical anæsthesia. One of these letters was written by dictation from a bed of sickness, from which the honored Professor did not himself expect again to rise.

The reading of these letters was listened to with the deepest interest. The Secretary then presented the communication above mentioned, printed as a supplement to the May number of the Society's Journal, since this had already gone to press before it was received. The communication was written especially for the Society, and, as Dr. Simpson himself states in his letter, it would be his last offering to it and to Science.

Dr. Bixby read the second part of his translation of Prof. Mayer's paper upon the Influence of Diseases of the Sexual Organs upon the Mind, in Women.

In connection with the subject, Dr. Bixby related the history of two cases of

AMENORRHŒA ATTENDED BY MENTAL DISTURBANCE,

at present at St. Elizabeth's Hospital.

Dr. Warner detailed a case of similar nature that had been under his own observation.

A communication was presented from Dr. S. M. Mouser, of San Francisco, relative to certain habits of the aborigines of the Pacific coast during parturition.

I read in the Journal of the Gynæcological Society of Boston, for March, 1870, some discussion on the artificial extrusion of the foetus by manual and other external pressure, and an inquiry as to the method in use by the aborigines during parturition.

The Indians of the Pacific coast known as "Diggers" pursue the following practice in such cases: A female friend of the patient acts the part of midwife, seats herself on the ground, her back resting against a

tree. The patient is seated on the thighs, her back resting against the abdomen of the midwife. During the expulsive pain the midwife embraces the abdomen of the patient with both arms, making firm pressure, relaxing her embrace during the interval, thus continuing the process of pressure and relaxation until the completion of labor.

There is a practice quite as unique among a certain class of Mexicans in this State. In this class are many who make midwifery a specialty. These midwives invariably apply a bandage at the commencement of labor, tightening it from time to time, as labor progresses, until its completion.

Dr. W. W. Light, who has practised medicine for several years on the frontier of Mexico, informs me that in cases of retained placenta, after many and various ineffectual means, the last resort is to procure the services of a person who has been qualified for this special purpose by having a cross cut in the sole of each foot. This person "walks" upon the abdomen of the patient until the placenta is expelled.

The Secretary presented, in the name of the venerable Dr. T. W. Boerstler, Sen., of Lancaster, Ohio, two photographs (back and front view) of a complex hepatodym, a variety of double monster, the history of which was reported in the "American Journal of the Medical Sciences" for July, 1855, with remarks by the late Prof. C. D. Meigs.

The following report was presented in behalf of Dr. R. Willson, of Mantorville, Minnesota, of a case of

CUTANEOUS ERUPTION AT THE MENSTRUAL PERIOD.

Miss ——, now aged about twenty, first menstruated at the usual period in the usual manner for the first two

or three times, after which she would have, during her monthlies, hemorrhages from the lungs, nose, stomach, or bowels, producing much distress and derangement of her general health; was treated by several eminent men in Virginia without benefit.

She came to Minnesota, hoping that a change of climate might be of service, which was the case so far as her general health was concerned. Her monthlies, however, continued to display their usual freaks, with at last a new one added. Was called to see her with a supposed eruptive disease. It was at the time of her period. I found her covered with a rash, very similar in appearance to varicella, the skin and mucous membranes being completely covered with pustules, varying in size from a pin's head to a pea, very painful to the touch, and accompanied with rigors and fever simultaneously, and great prostration.

The eruption continued to come out in successive crops, each one being smaller in size, until they entirely disappeared. At the time for her next monthly she had so far recovered as to able to sit up most of the time and walk into the dining-room to her meals with the family.

She now, while sitting in her chair, and without the slightest premonition, commenced flowing at a fearful rate. She went to bed immediately, a messenger was despatched in great haste, and I was enabled to reach her in about two hours.

I found her pulseless at the wrist, unable to speak above a whisper, with a cold, clammy sweat, and every appearance of immediate dissolution.

The hemorrhage had spent its violence some time before my arrival, and did not again recur. She had swooned several times. She was greatly alarmed, as were also her friends at such a fearful loss of the vital

fluid. Having quieted her alarm by assuring her that she was not in any immediate danger, I proceeded to administer brandy, quinine, ergot, plumb. acet., and opium, as I thought the case required, and she made as rapid a recovery as could be expected.

About two days before her next monthly I ordered ergot three times a day, to continue until her menses disappeared.

Next menstruation at the expected time, normal, and has been so ever since, nearly two years. Health perfect.

The Secretary presented, from Dr. H. D. Ballard, of Findlay, Ohio, the notes of an apparent case of

PERIODICAL SPONTANEOUS RUPTURE OF AN OVARIAN CYST.

Mrs. ——, aged thirty-three years, married, the mother of three children, youngest two years old, having previously enjoyed fair health, called at my office, July, 1869, to seek advice concerning a tumor she had noticed in the region of the left ovary. Upon a careful examination found a tumor about the size of fœtal head, slightly movable, seemingly unilocular, in its general contour free from nodulations, and upon free handling producing no pain. The case was seen at intervals of about ten days, till the middle of October, noting a continual though gradual increase in the size of the tumor. About the first of November, the sac or cyst spontaneously ruptured and its contents were poured into the peritoneal cavity, presenting the general appearance of ascites. The escaped fluid was rapidly taken up, and soon disappeared under the free, judicious use of diuretics, and for the period of three or four weeks there were no signs of tumor, and a seem-

ing restoration to health. But shortly after this time she noticed the tumor reappearing, which rapidly developed to about one-half the size of the original tumor, when it again spontaneously ruptured, being attended by all the symptoms and the same results as in the first case. It continues to fill up and rupture at stated periods till now. The patient's general health is suffering from the progress of the disease, so that she is unable to leave her room, and she is much of the time in bed, being considerably reduced in flesh and strength. Suffers but little from pain, except from slight dysuria. She regularly menstruates. The peritoneal cavity now, between the times of the filling up and rupturing of the sac, is not entirely free from fluid. The patient has been seen frequently by Drs. Spayth, Hurd, and Langworthy, who concur in the above outlines of the history of the case.

A communication was read from Dr. H. Beauchamp, of Hamilton, Ohio, detailing a case of

RECURRENT CELLULAR INFLAMMATION.

In the Gynæcological Journal for March, 1870, my attention was directed to an article on Pelvic Abscess, in which a case was presented wherein great difficulty occurred in the diagnosis; one physician treating the patient for a long time without at all suspecting her malady.

I had treated one case of the disease during the past year, but, at the time, I did not think of the interest attached to the affection, and therefore did not report it. I now offer it to you in brief.

Was consulted by the husband of Mrs. Geo. I——, October 28th, 1869. He said his wife thought she was troubled with seat worms; she complained of uneasy

sensations about the fundament; sometimes amounting to pain. Had not seen any worms in the discharges.

℞. Aloes and turpentine in emulsion. Inject three times daily.

Was called to see the patient during the night of the 29th, and found her suffering great pain, which she characterized as agony, and which gave rise to general spasm. The local pain was apparently caused by spasm of the sphincter ani, and came paroxysmally; she believed her trouble to be hemorrhoids — from which she had before suffered. From her answers to my questions, I could not get a knowledge of the cause of suffering, and proposed an examination of her person, as I thought a pile tumor had become strangulated, and would necessitate some operative measure to relieve it; but I could not then get her consent. Therefore gave her chlorodyne to relieve spasm, and ordered warm injections, with also a hip bath.

Morning of the 30th, bowels moved, but the operation gave intense pain and brought no relief. I now insisted upon an examination. Found no tumors in or around the anus; passed the index-finger into the vagina, and immediately came in contact with a tumor in its posterior wall, — in the recto-vaginal septum, — which I had little trouble in diagnosticating an abscess. Not deciding to interfere at once, I ordered warm aconite and water injections. Nov. 1st, the tumor (abscess) opened during stool, and discharged a large quantity of healthy-looking pus; relief was obtained at once.

March 9th, 1870, Mrs. J. was again attacked with symptoms of pelvic inflammation, referable to the region of the left ovary, extending downward into the pelvic cavity, and giving rise to intense pain during defecation and when urinating. On account of her previous

difficulty I was led to suspect a forming abscess, but I was fortunate in my efforts to arrest the inflammatory act before suppuration had taken place.

I gave her opium, largely, bromide of ammonium; warm aconite vaginal injections, clysters of tepid water, hip baths during efforts of urination, and blisters over the affected region. Patient had a good recovery. Duration of treatment eleven days.

During the interval, from the date of her recovery from her attack in October, 1869, she has not suffered any inconvenience or difficulty attributable to the former affection.

Extracts were read from a letter from Dr. Samuel D. Turney, of Circleville, Ohio, addressed to Dr. Storer, upon

BROMIDE OF POTASSIUM AS A REMEDY FOR VOMITING ATTENDING THE INDUCTION OF ANÆSTHESIA.

Dr. Turney says: —

"I owe you gratitude for your valuable hints on the anti-emetic property of bromide of potassium, administered prior to chloroform.

"In nearly one hundred cases in which I have since adopted it, I have not had this very troublesome complication to contend with, saving once, and this, from the relaxation of the sphincter and disturbance of the vital organs, might, I believe without it, have been a fatal case."

A communication was read from Dr. Henry M. Lilly, of Fond Du Lac, Wisconsin, upon

TRANSVERSE DILATATION OF THE OS UTERI.

[Dr. Lilly's paper is published in the Journal of the Society for the present month.]

An extract was read from a letter from Dr. H. F. Lyster, of Detroit, Mich., detailing a case of vesico-vaginal fistula, upon which he was about operating, in which nature had thrown the cervix into the bladder with the effect of nearly occluding the vagina, it being an instance, as Dr. L. called it, of "Nature (after Sims)."

[An account of the operation referred to, subsequently communicated to the Society, is published in the Journal for the present month.]

Dr. Warner, of the Committee appointed by the Society to investigate the subject of the history of practical anæsthesia, with reference to a settlement of the question as to whom belongs the honor of its discovery, reported in favor of Dr. Horace Wells, of Hartford, Ct., and offered in behalf of the Committee, the others of whom were Drs. Sullivan and Dutton, the following resolutions: —

Resolved, That, after careful investigation of all the evidence presented, the honor of the solution of the problem of practical anæsthesia, as distinguished from the suggestion of any special agent, belongs without the shadow of a doubt to the late Dr. Horace Wells, of Hartford, Ct.

The resolution was unanimously adopted, and it was ordered that it should be telegraphed by the Secretary to the delegates of the Society at present at Washington, in attendance upon the Session of the American Medical Association, with instructions to present it to that body, in furtherance of any attempt that might be made to render a tardy justice to the memory of the late Dr. Horace Wells.

Adjourned.

THIRTY-FOURTH REGULAR MEETING, MAY 17, 1870.

The thirty-fourth regular meeting of the Society was held on the evening of May 17th, 1870, at Hotel Pelham, the President in the chair. This meeting having been set apart for memorial services, in honor of the deceased Sir James Y. Simpson, of Edinburgh, the first Honorary Member of the Society, the reading of the records of the preceding meeting was dispensed with, and it was voted to attend to no other business during the evening than that announced. The members then passed into the mourning chamber prepared for the occasion.

[The report of the proceedings of this memorial meeting was published in the Journal of the Society for June, 1870, pages 380 to 392.]

TRANSVERSE DILATATION OF THE OS UTERI.

By Henry M. Lilly, Fond Du Lac, Wisconsin.

[*Communicated to the Society, and read May* 3, 1870.]

In the April number of the Gynæcological Journal I find recorded a brief discussion on "Transverse Dilatation of the Os Uteri," in young unmarried women. From the tone of the remarks, I infer that some of the members of the Gynæcological Society of Boston do not regard the virtue of such females as being altogether above suspicion. I should be sorry if I were obliged to take this view myself. It would quite upset my confidence in some young ladies of my acquaintance, whom I have been accustomed to regard with the greatest respect. A medical friend of mine in this city was called to treat a young unmarried lady for some obscure

pelvic trouble. He was accustomed to regard this condition of the os as indicative of a previous pregnancy. In the case referred to, he found a nearly imperforate hymen; there was a small opening sufficient to allow the escape of menstrual fluid, but it was only about large enough to admit a female catheter. With his finger he ruptured the not very tough hymen, and made room for the necessary exploration of the uterus. Much to his surprise he found one of the most well-marked cases of transverse dilatation of the os that he had ever met with. No fœtus could have ever passed through that little hole in the hymen; and, taking into consideration the ease with which the hymen was ruptured, it was altogether improbable that she had ever attempted intercourse with the male. My friend's confidence in his theory of transverse dilatation has been very perceptibly weakened since the foregoing affair, while his reliance upon female virtue has, to the same extent, become improved.

I have amused myself in showing the photograph, herewith presented, to my medical friends, some of whom have expressed a very decided opinion that the female to whom the uterus belonged must have borne children!

It was taken, however, from a female infant at full term, but which perished soon after birth from some cause

unknown. Here, then, we have a photograph of the os uteri of the female at birth. "Transverse dilatation" is in this case the normal condition. In the photograph the vagina is slit up on its right side, and the uterus is lying upon its left side. May it not be that a certain percentage of young girls never entirely outgrow this normal fœtal condition? Again, may there not be a tendency in the os sometimes to assume this transverse condition as the result of inflammatory processes?

CASE OF VESICO-VAGINAL FISTULA, CURED BY OCCLUSION OF THE VAGINA.

By Henry F. Lyster, Detroit, Mich.

[*Communicated to the Society, and read July 5, 1870.*]

Mrs. J. McN——, aged twenty-nine, was attended in her first confinement by an ignorant midwife, May 1st, 1869. The labor lasted twenty-four hours. During the last nine hours it was quite severe. No instruments were used. A male infant was born dead. Motions from the child were felt until the middle of the labor. The after-birth was removed by the hand in half an hour after the birth of the child.

In the course of a week the urine began to flow from the vagina, and could not be controlled. A physician was sent for, who recognized the condition at once, and found, upon digital examination, a vesico-vaginal fistula, of about one inch diameter, half way between the anterior cervico-vaginal fold and the meatus urinarius. The investigation in the post-parturient condition of the

patient was not carried any further, and extensive lacerations of the vagina and perineum were not observed. Some months later she applied to several physicians in regard to operative interference, and was advised to consult a prominent gynæcologist living at a distance. Unable to afford the expense necessarily attendant upon so extensive a journey, and a prolonged stay, she remained at home; for persons in limited circumstances must find relief in the vicinity of their homes, or not at all.

I was sent for towards the middle of April, and found that the vagina had become so reduced in diameter, about two inches from the vulva, that a No. 11 bougie was as large an instrument as could be passed. It was at this point undilatable beyond that size. Not only had the perineum been lost, but the vaginal surface of the recto-vaginal septum was composed of scar-texture up to the constriction. The constriction itself was surrounded on all sides by scar-tissue. The anterior and posterior walls in the vicinity lay in apposition for half an inch, giving the appearances of the os tincæ in the multipara.* The urethra was in a normal condition. A metallic sound, passed through it into the bladder, was found to meet one passed through the constricted vagina within half an inch of the constriction. The impression made upon the finger passed into the rectum, by a metallic sound passed through the urethra, or through the constriction, was as if only the recto-vaginal wall lay between them. The uterus was found upon conjoined manipulation to be normal in size and position. The urine was constantly passing away through the vagina. The patient remarked that upon

* Has not nature, in all probability, judging from this case, succeeded perfectly in some similar instances?

rising in the morning some came away through the urethra. I drew off urine through either passage.

The questions which arose, upon making a thorough examination, regarding relief, were whether we should open the constricted vagina by cutting through the fibrous scar-tissue, and by the proper management of vaginal bougies try to restore to the vagina even a minimum diameter, and afterwards trust to finding proper and sufficient tissue to allow of the closure of the fistula into the bladder; or whether it would not be more advisable, considering the condition of the tissues, the large size of the fistula, and the circumstances of the patient, which precluded long confinement and successive operations, to perfect at once the attempt so nearly successful, already made by natural processes, and occlude the vagina. A secondary consideration, the question of the ability of the patient, provided the former operation was successful, to bear a living child without the greatest danger to herself from extensive laceration into the bladder or rectum, possibly extending to the peritoneum, was not disregarded; yet the improbability of any operation except occlusion proving successful was so apparent in this case, that nothing additional was needed to enable us to come to a decision. The nature and consequences of the operation were fully explained to the patient, who was only too glad to get relief upon any conditions.

The patient was ordered a saline laxative, and was admitted to St. Luke's Hospital, Detroit, the next day, May 3d, 1870. Drs. Inglis, Pres. State Med. Society, Cleland, Smith, and Farnum, were present and kindly rendered the necessary assistance. The patient, placed upon a high table upon which had been spread a quilt and pillow, was put under the influence of an anæsthetic mixture, composed of alcohol, chloroform, and sulphuric ether, in the following proportions: —

℞.	Best alcohol, . .	1 part.
	" chloroform, . .	2 parts.
	" sulphuric ether, .	3 parts.

Use for inhalation the same as chloroform.

When she had come sufficiently under the influence of the anæsthetic, she was turned into Sims' position, upon her left side and breast, with the knees drawn well up toward the abdomen. The tissues forming the constriction, and below for half an inch, were freshened by removing the requisite amount of cicatrized mucous membrane, and three silver sutures were passed, two by means of a long needle, with eye and cutting edge near the point, mounted upon a handle, while the third was passed by one of Emmet's needles. The operation did not vary in any particular from the one usually made for vesico-vaginal fistula. The wires were twisted down by a Sims' wire-adjuster, and cut off to one-third of an inch. The wires traversed fully three-fifths of an inch. The position of the patient prevented the urine from appearing during the operation. The scarified walls of the opening were cleansed from clot by a swab of cotton dipped in olive oil, immediately before twisting home the sutures. The patient was transferred to her bed, and the urine was drawn by a well-lubricated French elastic catheter.

Liquid svapnia was exhibited to restrain the bowels, which were thus prevented from moving for a week, although a constitutional idiosyncrasy unfavorable to the use of opium in any form was very apparent. Acetate of potassia was also given for a few days, although upon analysis the urine appeared to be normal. The stomach was a good deal disturbed by the anæsthetic, and vomiting occurred a number of times during the succeeding twenty-four hours. Dr. Farnum, the house

physician at St. Luke's Hospital, remained up during the night to withdraw the urine, which was done every two hours. There was some vesical tenesmus, which I attributed to the fact that the bladder had not been accustomed to any distention for a long period, and was now feeling the accumulation of the urine. Urine was forced out by these sudden contractions of the organ, and the use of the catheter was discontinued.

Upon the third day she retained her urine for three hours at a time, and had ample time to prepare for its evacuation. In a day or two longer she had perfect control of the bladder, and was disturbed only once or twice during the night. A bed-pan was used, and an injection of warm soap and water given on the seventh day to insure a liquid stool. After this date she did not require the bed-pan for several days. She was allowed up on the eighth day. The menses appeared on the eleventh day, and lasted their usual time with her, namely, two days. There was no pain, or tenesmus, or trouble of any kind. A suppository of ext. stramonii and butter of cacao was used at their first appearance. The sutures were removed without any difficulty upon the fourteenth day, and she was discharged cured the next day.

THE INTRA-ABDOMINAL DOUCHE IN SEPTICÆMIA.

By Joseph W. Thompson, Paducah, Ky.

[*Communicated to the Society, and read July 5, 1870.*]

On the 8th of January last, in connection with Dr. H. M. Gilson, of this city, I was called to see Annie Smith, colored, and twenty-five years old. We found her abdomen very much distended, and her health very

feeble. There was decided dulness on percussion, with perceptible fluctuation. Four days later, in consultation with Drs. R. Saunders and H. M. Gilson, of this place, and W. H. Gardner, of Cave City, Ky., I made a minute examination, exploring the cavity of the womb, and found it contained nothing.

Still being in doubt as to the cause of the enlargement, we decided to explore it by abdominal tapping. I accordingly introduced a trocar, and drew off about two and a half gallons of pus. I then inserted a tent into the opening and enveloped the abdomen with flannel, which was confined with a broad roller. The next day I drew off a large wash-pan full of pus. On the second day from that time I drew off the same wash-pan full and a half. On the 17th, two days from the last treatment, we washed the peritoneal cavity by injecting a half-gallon of warm water. On the 20th I injected two gallons of warm water into the peritoneal cavity, and followed it by a solution of carbolic acid, five grains to two pints of warm water. We continued to inject the peritoneal cavity every second day with warm water, following it by warm solutions of carbolic acid, which was increased from five to ten grains to the same amount of water at each treatment, until the 30th of that month. On the 30th the strength of the solution was forty grains to two pints of warm water.

That night the tent was dislodged, and at my next visit I endeavored to introduce the canula to inject the cavity as before; but the internal portion of the opening had so much closed that I was unable to pass it. There was then so little distention that we thought it would be hazardous to make another opening with a trocar, for fear of doing violence to some of the abdominal viscera. The discharge diminished rather promptly under the use of the injections. At the last two or three treat-

ments, it consisted principally of disintegrated matter.

The history is briefly this: In August last, at her menstrual period, during a rather cool night for that season, the patient retired to sleep, not protected by a bed-cover, and on awakening the next morning she discovered that the catamenial flow was entirely suppressed. For some time, she cannot state how long, the pain in the abdomen was severe, and in a few weeks the enlargement commenced, and continued to increase until I tapped her, as I have before stated. She was very greatly relieved of her suffering by the first evacuation of pus. It is my opinion that the disease was chronic peritonitis, the result of exposure to the cold that night during the menstrual flow, which acted so powerfully as to suddenly suppress the discharge.

It is regarded as hazardous to inject the peritoneal cavity. Prof. T. G. Thomas, of New York, in the second edition of his excellent work on the diseases of women, states that, "After evacuation, the sac should not be injected, for fear of exciting peritonitis;" but in this case no peritonitis or any other unpleasant symptoms were excited, but on the contrary the patient was evidently benefited by the use of the injections.

The principal point of interest in the case is that the peritoneal cavity did bear copious injections of warm water, and a solution of carbolic acid, without producing any undue excitement or bad results. It is possible that, had the injections been more timely used, and the patient situated with proper surroundings, such as good diet, nursing, and well-regulated hygienic influences, she might have been very greatly benefited. During her entire illness she lived in a little shanty of a house, possessing no comforts. I requested the city authorities to send her to the hospital; but my efforts in that direction were in vain. It is evident that her life has

been prolonged and her condition made more comfortable by injecting the peritoneal cavity, even under these circumstances. She is still living, though very feeble. I am especially indebted to Dr. Gardner for his valuable assistance in the case.

LACING THE BREAST; A NEW OPERATION FOR REMOVAL OF THE MAMMA.

By Horatio R. Storer.

[*Read before the Society, Nov. 2, 1869.*]

To preface my remarks, a late case, exampling a somewhat extended series, will suffice.

Mrs. ——, nullipara, and aged thirty-four, had been married seven years. A single instance of malignant disease had been known in the family, and this in her grandmother, and of the forearm. Ten weeks before consulting me, her husband had noticed a small tumor in her left breast, which, however, escaped her own notice till later. The first pain was noticed four weeks before seeing me. Situation of the tumor immediately under and to the left of the nipple; integument implicated and evident fixation to the pectoralis muscle.

The incision, as is my custom, was nearly perpendicular. Upon removal, a small cavity, containing ℥ss. of putrid serum, was found within the diseased mass, which the microscope proved to be malignant.

Three deep quilled metallic sutures, passing down to and through the pectoralis, were inserted at a distance of an inch and a half from the lips of the wound, and this latter was closed by ten superficial sutures of annealed iron wire. One or two vessels were sealed by acupressure pins, the heads of which emerged from between the stitches; these were removed upon the sec-

ond and third days. No adhesive plaster or other dressing was employed. The method of closing the wound was peculiar in the following respects: The deep quilled sutures having been inserted and fastened, the base of the wound was thus closed. The superficial stitches were all inserted before any of them were twisted. Twisting was applied to the first and the last three; the extremities of the central four were then brought together and twisted a little more tightly than the others had been. This of course loosened the latter. Tightening these again, loosened the central sutures, and this process was repeated until the wound was completely and neatly closed.

This method of coaptating the lips of a mammary wound I have found in practice to have several decided advantages: —

1. It enables us to obtain union by first intention throughout the wound as well as superficially, in many cases where this would be otherwise impossible.

2. It prevents the formation of a pocket of pus, which, even where the incision is perpendicular, so often otherwise occurs, breaking away, in consequence, the lower portion of the superficial cicatrix.

3. It saves to the patient that drain upon her general system, always existing to a greater or less extent when a hollow wound of any size fills up by granulation.

4. By occasioning only a narrow and linear cicatrix instead of a broad surface of but partially vitalized tissue, it very materially lessens the chance of a return of the disease, which is more prone to attack cicatricial than healthy tissue.

5. It very much lessens the resulting deformity, — a matter of even more importance in removing non-malignant tumors of the mamma, where the gland being left, or a portion of it, with the nipple, it becomes possible subsequently to use the breast for lactation.

There are now few surgeons who do not appreciate the advantages of securing primary union of incised wounds, save those connected with large hospitals whose local atmosphere is such as to encourage the occurrence of surgical fever. Until the whole theory of hospital management in this country and in Europe becomes changed in accordance with Simpson's suggestion, as the events of the past year go to prove will undoubtedly be the case, we cannot expect any great advance in the quarter referred to. It is very different with surgeons in private practice; to them the possibility of closing a mammary wound by the first intention, with almost certainty, in a patient of tolerably good general condition, will be sure to commend itself.

With reference to the second point, that the narrower the cicatrix the less the chance of a return of the disease, it is one that I have carefully studied upon many cases. It involves incidentally the general question of whether it is best to operate for the removal of cancer at all. To say nothing, however, of the benefit attained even where a patient's life is but temporarily prolonged, every surgeon of experience is cognizant of cases, however limited in number, where, the character of the disease being indubitable, it has not returned. There can be little question that the earlier the operation the better the chance for the patient; and this, whether we consider the cancerous deposit but the local explosion from a constitutional leaven, or the latter the result of blood-poisoning from a localized focus.

The superiority of wire sutures, passed with ease and rapidity, by the hollow needle, over the old methods is too evident to require discussion. For several years I have entirely discarded silk and all other organic material alike for suture and ligature.

A TABULATED STATEMENT OF THE REPRESENTATION FROM THE DIFFERENT MEDICAL INSTITUTIONS OF THE UNITED STATES, IN THE AMERICAN MEDICAL ASSOCIATION, FROM ITS ORGANIZATION IN *1846*, TO THE PRESENT TIME.*

BY J. M. TONER, WASHINGTON, D. C.

[*Communicated to the Society for publication by the American Medical Association, at its meeting of May, 1870, by formal vote,*]

ALABAMA.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Alabama State Medical Association,					5	1	3			3		2												14
Alabama State Medical Society,									1			2		2										5
Lawrence County Medical Association,												1		1										2
Medical Association of State of Alabama,				3				4													1	19	5	32
Med. Board Northern District of Alabama,												1												1
Medical College of Alabama,																						1		1
Medical Society of Montgomery,				1																				1
Members by Invitation,												7		2										9
Meriwether Medical Society,																							1	1
Mobile Medical Society,						2	1															1	1	5
Montgomery Medical and Surgical Society,															2							2	1	5
Permanent Members,										1				1								2		4
Southern Medical Association,												2												2
Talladega Medical Society,																					1	1		2
				4	5	3	4	4	1	4		15		6	2						2	26	8	84

ARKANSAS.

Little Rock Medical Association,																						2			2
Little Rock and Pulaski Medical Society,							1					2											1		1
Members by Invitation,																									3
							1					2										2	1		6

CALIFORNIA.

California State Medical Society,																									1
Members by Invitation,								1					1		1										2
San Francisco Medical Society,																							1		1
Toland Medical College,																				1					1
								1					1		1					1			1		5

CHEROKEE NATION.

Cherokee Medical Society,									1																1

* The tables are arranged alphabetically according to States, giving the names of all the "permanently organized Medical Societies, Medical Colleges, Hospitals, Lunatic Asylums, and other permanently organized Medical Institutions of good standing in the United States, and from the Army and Navy," that have been represented, also such Foreign Medical Institutions as have sent delegates to this National Medical body. These tables exhibit, at a glance, the number that attended the several sittings of the Association, from each State, and organization of each State, and whether as delegates, permanent members, or members by invitation, in any one year, and the total of representation or attendance, from the first with the time and place of meeting. Compiled from the printed transactions of the Association. In consequence of the war, no meetings were held in 1861 or 1862.

The footing of columns shows yearly attendance. The footing of right-hand column gives total of State representation.

A TABULATED STATEMENT,—(*Continued.*)

CONNECTICUT.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Central Medical Association,				1				1									1							3
Connecticut General Hospital,					1			1									1							3
Connecticut Medical Society,		4							2				2		3						1		2	14
Connecticut Retreat for Insane,															1									1
Connecticut State Hospital,										1														1
Connecticut State Medical Society,	7	1				1	5	3		4	2	1			2		1	3						30
Fairfield County Medical Society,				2				2		2			1		2								3	12
Hartford City Medical Association,															2									2
Hartford City Medical Society,																1								1
Hartford County Medical Society,			2	5				5		3					7		1	3					5	31
Hartford Hospital,										1					1		1							3
Hartford Medical Association,													2											2
Knight Hospital,																1								1
Litchfield County Medical Society,			3	2	1			5		3	3		4		4	1	3	2						31
Medical Department of Yale College,	2	2	1	2	2	1	2	1	1	2	1				2		1	2	1				1	24
Medical Society of Connecticut,	1																							1
Middlesex Central Medical Association,										1														1
Middlesex County Medical Society,			1	1				4		3	1				3	1	2	2			2		2	22
Middlesex South Medical Association,															4									4
Middletown Central Association,															1									1
New Haven City Medical Association,			2	2	3	1		3		2							1							14
New Haven County Medical Society,			3	4		2	3	7		8	3		4		7	2	8	6	5	1	3		4	70
New Haven Medical Association,		1								2					3		1				2			12
New London County Medical Society,			1	5	1	2	1	1		1			1		3		2	3	2		1		1	25

Norwich Medical Association,										1	1		1											3
Permanent Members,								3		2			4		32		5	5	1					52
Peters Medical Association,															3			1						4
Toland County Medical Society,				2				2		2			1		1			2						10
United States Post Hospital, New Haven,																	1							1
Waterbury Medical Association,								2							1									3
Waterbury Medical Society,													1											1
Windham County Medical Society,			1	4				2		1					2		2	2					2	16
	10	8	14	30	8	7	11	42	3	39	11	1	24		84	6	31	31	9	1	9		20	399

DACOTAH TERRITORY.

Permanent Member,																1								1

DELAWARE.

Delaware State Medical Society,	7	5	3	1	1	1	2	1		5			1	1	3	2	5	1	5	1	1	1	3	50
Kent County Medical Society,										3			1											4
Medical Association of Wilmington,	1	4	1	1				1																8
New Castle County Alms House Hospital,				1																				1
New Castle County Medical Society,				1		1		1		3			1											7
Permanent Members,			1							1									1		1			4
Wilmington Medical Association,						1	1			2	1		1		1									7
	8	9	5	4	1	3	3	3		14	1		4	1	4	2	5	1	6	1	2	1	3	81

DISTRICT OF COLUMBIA.

Clinico-Pathological Society,																			2	1	3		2	8
Columbia Hospital and Lying-in-Asylum,																					1		1	2
Depart't of Hygiene of Acad'my Lit. and Art,																							2	2
Freedmen's Hospital,																					2			2
Government Hospital for the Insane,													1								1			2
Medical Association of the Dis. of Columbia,			2					5											7	3	11	6	17	51
Medical Department of Columbia College,		3																						3
Medical Department of Georgetown College,							1	1		1			2				2	1	2	1	3		2	16
Medical Department Howard University,																					1	1		2
Med. Department National Institute,																								1
Med. Society Alumni Georgetown Med. Col.,																							5	5

A TABULATED STATEMENT. — (*Continued.*)

DISTRICT OF COLUMBIA. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Medical Society of the District of Columbia,		2	4			1				8			9	3	1		7	6	12	2	12		18	85
Members by Invitation,																							14	14
National Medical College,			2				1	2		2			2				1		1	1	2		2	16
Pathological Society of District of Columbia,							4	2																6
Permanent Members,			1										12					1	4	1	13		6	38
Providence Hospital,																			2	1	2		2	7
Provost Marshal General's Bureau,																			1	1				2
Washington Asylum,																							1	1
Washington City Infirmary,										1			1											2
		5	10			1	6	10		12			27	3	1		10	8	31	11	51	7	72	265

FLORIDA.

Members by Invitation,								2																2

FOREIGN MEDICAL SOCIETIES.

American Medical Society of Paris, France,							2	2		1			1											6
Members by Invitation, Canada,								1			8							1	1	1	1			13
Beirût, Syria,								1																1
							2	4		1	8		1					1	1	1	1			20

GEORGIA.

Atlanta Medical College,												1	2	2	1						1			7
Atlanta Medical Society,												1	1											2
Augusta Medical College,													1											1
Augusta Medical Society,						2							2											4
Auxiliary Medical Society of Macon,						2																		2
Board of Physicians of Georgia,						2																		2
Chatham County Medical Society,						2																		2
Columbus Medical Association,						1																		1
DeKalb County Auxiliary Medical Society,						1																		1
Forest City Marine Hospital, Savannah,																						1		1
Georgia Medical Association,																						3		3
Georgia Medical Society,	1	2		1		3	4														2	2		11
Georgia State Medical Society,					1	6						6	6											23
Macon Medical Association,																						1		1
Medical Association of Georgia,														3	1									4
Medical College of Georgia,		2	2	2	1	2		2				1		2										14
Medical Society of State of Georgia,				3				2																5
Oglethorp Medical College,												2												2
Permanent Members,						2																		2
Savannah Hospital,												1												1
Savannah Medical College,										1		2	1		1				1			1		7
	1	4	2	6	2	23	4	4		1		14	13	7	3				1		3	3	5	96

ILLINOIS.

Æsculapian Medical Society of Lawrence,					1				1		1		1	3		2								9
Æsculapian Society of Wabash Valley,																				3		1		4
Adams County Medical Society,					1			1	3		2						1	1						9
Alexander County Medical Society,									1															1
Aurora City Medical Society,													1											1
Boone County Medical Society,																1								1
Bureau County Medical Society,																3								3
Chicago Academy of Medicine,														1										1
Chicago Charitable Eye and Ear Hospital,																				1				1
Chicago Eye and Ear Infirmary,																1								1
Chicago Medical College,																2		1	1	2	1	1		8
Chicago Medical Society,					1	1										4	4	1		4		2	1	18
Chicago Retreat for Insane,																								1
City Hospital,																2								2

A TABULATED STATEMENT. — (*Continued.*)

ILLINOIS. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Clarke County Medical Society,																				1				1
Coles County Medical Society,											1													1
Cook County Charity Hospital,																1								1
Cook County Medical Society,							1		3	1	5		3											13
Cook County Hospital,																				2	1	1	1	5
Dewitt County Medical Society,												1	1			2								4
Galena Medical Society,												1												1
Galesburgh City Medical Association,															1									1
Hancock Medical Association,											1	1				3								5
Henry County Medical Society,											1			1		1								3
Illinois Medical Association,																			1					1
Illinois State Medical Society,								3	8	4	8	4	3	7	3	11	7	2		10	1	4	4	70
Jersey County Medical Society,											1													1
Knox County Medical Society,									2															2
La Salle County Medical Society,									1	1	2													4
Macon County Medical Association,														1										1
Macon County Medical Society,									2											1				3
Madison County Medical Society,									1		1													2
McLean County Medical Society,									2		1		1	1		3		1						9
McLean Medical Society,												1												1
Medical Association, Southern Illinois,																				1				1
Medical Department of Illinois College,	1																							1
Medical Department of Lind University,														2	1									3
Members by Invitation,								1	12							6								19

Mercy Hospital,									1		1			1		1	1						5
Military Tract Medical Association,																					2	3	5
Morgan County Medical Society,									1														1
Ottawa City Medical Society,													1										1
Pekin Medical Society,									1														1
Peoria City Medical Association,								1												2			3
Peoria City Medical and Surgical Society,									1														1
Peoria District Medical Society,			2		2																		4
Peoria Medical Society,																2							2
Permanent Members,									3	1	2					47	2		1	1			57
Permanent Members Elected.																26							26
Rock Island County Medical Society,											2				1								3
Rock Island Medical School,				1																			1
Quincy Medical Society,																						1	1
Rush Medical College,		1	1	1	2	1	1	1	2	2	2		2	2									18
St. Clair County Medical Society,									2														2
St. James Hospital,											1												1
St. Luke's Hospital, Chicago,																					1		2
St. Mary's Infirmary, Cairo,																							1
Stark County Medical Society,									1												1		1
Union Medical Association, South Illinois,														2									2
United States Marine Hospital,																1						1	2
Winnebago County Medical Society,							1		1														1
Will County Medical Society,																1							1
	1	1	3	2	8	2	3	7	49	9	32	8	13	21	6	120	15	6	3	28	4	13	11	364

INDIANA.

Allen County Medical Society,											2					1		1		4			8
Cambridge City Medical Association,											1												1
Evansville Medical Society,									2											1			3
Fountain County Medical Society,														1						1			2
Franklin County Medical Society,					1																		1
Grant County Medical Society,					2						1			1						2			6
Harrison County Medical Society,														3									3
Hendricks County Medical Society,														2						1			3
Henry County Medical Society,																				1			1
Huntington County Medical Society,											1									1			2
Indiana Central Medical College,					1																		1
Indiana Hospital for Insane,					1																		1
Indiana Medical College,				2																		1	3

A TABULATED STATEMENT. — (*Continued.*)

INDIANA. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Indiana Medical Institute,				1	2																			3
Indiana State Medical Society,					3	1		5		3	5	5	4	26	1	4	1	4		10	1	1	1	75
Indianapolis Academy of Medicine,																			1	2	1			4
Indianapolis City Hospital,																				1				1
Indianapolis Medical Association,														2			1							3
Indianapolis Medical Society,					1																			1
Koscius County Medical Society,					1					1														2
La Porte County Medical Society,								2																2
La Porte University,	1		2																					3
Lawrence County Medical Society,																				2				2
Madison Medico-Chirurgical Society,														1						1		1	1	4
Marshall County Medical Society,											1													1
Medical College, Evansville,								1																1
Medical Society of North Indiana,			1																					1
Members by Invitation,					4				1		3			5		1								14
New Albany Medical Society,					2									3										5
New Castle County Medical Society,												1	1	1										3
New Castle Medical Association,																1								1
Noble County Medical Society,																				2				2
North Western Academy of Sciences,				1																				1
Permanent Members,									1		2		1	9	2	4				9	1			29
Putnam County Medical Society,											1													1
Richmond Medical Club,																				2				2
Rush County Medical Society,														2						1				3

St. Joseph's County Medical Society,											1								3					4
Tippecanoe County Medical Society,																				1				1
Union Medical Society of North Indiana,										1														1
Vincennes Medical Society,					1			1	1						1									4
Washington County Medical Society,														2										2
Wayne County Medical Society,					3								1	4		2				2	1	1	1	15
	1		3	4	22	1		9	5	5	18	6	7	62	4	13	2	5	4	44	4	3	4	226

IOWA.

City Hospital, Keokuk,									1															1
Clinton County Medical Society,									1															1
College of Physicians and Surg. Iowa Uni'ty,											1	2												3
Davenport and Rock Island Patho'ical Soc.															1									1
Dubuque Medical Society,											1	2	1	2		2								8
General Hospital, Keokuk,																1								1
Iowa and Illinois Central Dis. Med. Asso'n,																					1	1		2
Iowa Medical College,											1													1
Iowa State Medical and Chirurgical Society,							1																	1
Iowa State Medical Society,									3					1	3	1				3			2	13
Keokuk Medical Society,									1															1
Medical Department Iowa University,				1	1			1	2	1				2	2		2		1	2	1			16
Members by Invitation,					1				1															2
North Iowa Medical Society,																		1						1
North-Western Medical Society,									1															1
Permanent Members,									1				1			1			1					4
Scott County Medical Society,															1		2	1	1					5
State Medical Association,											1													1
United States General Hospital, Keokuk,																	1							2
				1	2		1	1	11	1	4	4	2	5	7	5	5	2	3	5	2	1	2	64

KANSAS.

Atchison County Medical Society,																				1				1
Leavenworth Medical Society,																1								1
Permanent Members,																2								2
																3				1				4

A TABULATED STATEMENT. — (*Continued.*)

KENTUCKY.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Boone County Medical Society,					2																			2
Boyle County Medical Society,																				1				1
Bourbon County Medical Society,							1																	1
Christian County Medical Society,												1												1
College of Physicians and Surgeons,														5	1					5			1	12
Covington Medical Society,					2			1		1														6
Covington and Newport Medical Society,														3						3		1		7
Dispensary of Kentucky School of Medicine,														1										1
East Lunatic Asylum,												1		1						1				3
Frankfort District Medical Society,					1																			1
Freedman's Dispensary, Covington,																				1				1
Graves County Medical Association,														3										3
Green County Medical Society,													2											2
Green River Medical Association,														1	1									2
Harrodsburgh Medical Association,					1																			1
Henderson Medical Society,														2										2
Kentucky School of Medicine,						1	2	1	1	2	1			2								2		12
Kentucky State Medical Society,								3		2	1	3	5	20	4					6	1	8	4	57
Lexington Medical Society,														1						1				2
Logan County Medical Society,													2											2
Louisville Alms House,														1										1
Louisville Dispensary,												1												1
Louisville Marine Hospital,					3		1						1	2										7
Louisville Medical Hospital,											1									1				2

Louisville Medical Society,						1																			1
Medical Department of Masonic University,					1																				1
Medical Department, Transylvania "		2			2				1																5
Medical do. of the University of Louisville,					2																				2
Members by Invitation,					4				1			5		9											19
Permanent Members,					2				1	1				7						7		1			19
Pest House of Louisville,														1											1
Scott County Medical Society,							1																		1
South-Western Kentucky Med. Association,																				1					1
Stokes Dispensary,														1											1
St. Elizabeth Hospital, Louisville,																				1					1
St. Joseph's Infirmary,														1											1
United States Marine Hospital, Louisville,									2	1	1		1	2	1										8
United States Marine Hospital, Paducah,														2											2
University of Louisville,			1		2	2	2	2	1	1	1	2	2	2						1		2	2		23
Warren County Medical Society,												2													2
Western Lunatic Asylum,												1		1											2
		2	1		22	4	7	7	7	8	5	16	13	68	7					29	1	14	7		220

LOUISIANA.

Baton Rouge Medical Society,																						1			1
Charity Hospital, New Orleans,																						2	1		3
Chemico-Medical Society of New Orleans,				2																					2
East Feliciana Medical Society,																						2			2
Freedman's Hospital, New Orleans,																						1			1
Hôtel Dieu, New Orleans,																						1			1
Louisiana State Medical Society,					1	2	1		1		1														6
Medical Association of New Orleans,																						5	2		7
Med. Department of University, Louisiana,		3		1		1	1															2	1		9
Members by Invitation,								1														27			28
Natchitoches Medical Association,						1																			1
Natchitoches Medical Society,														1											1
N. Orleans Acad. of Science and Lit. & Med.,																						2			2
New Orleans School of Medicine,												2			2							2	1		7
Permanent Members,			1											1								1			3
Physico-Medical Society of New Orleans,						1																			1
		3	1	3	1	5	2	1	1		1	2		2	2							46	5		75

A TABULATED STATEMENT. — (*Continued.*)

MAINE.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Bowdoin Medical College,															2									2
Cumberland County Medical Association,																							1	1
Lewiston Falls Medical Association,									1									2						3
Maine Medical Association,								3	4	6	8		3		11		4	16	4		2		1	62
Maine State Medical Society,									2						1									3
Medical School of Maine,				2			2	2		1					1		1							9
Medico-Chirurgical Society of Portland,								1	1															2
Penobscot Medical Society,				1						2								1						4
Permanent Members,								1							1			6						8
				3			2	7	8	9	8		3		16		5	25	4		2		2	94

MARYLAND.

Alleghany County Medical Society,																					2		3	5
Association of Medical Faculty of Frederick,		1																						1
Baltimore Almshouse Hospital,			2					1					4											4
Baltimore College of Dental Surgery,			2	2		2																	2	8
Baltimore Marine Hospital,			1																1					2
Baltimore Medical Association,																			7	6	8		6	27
Baltimore Medical Institute,			1																					1
Baltimore Infirmary,			1			1	2	1		1			1						1				1	9

Baltimore Pathological Society,									3			2						2		6		1	14
Baltimore Eastern Dispensary,																		1					1
Baltimore Special Dispensary,																				1			1
Bayview Asylum,																		1					1
Board of Health,																		3					3
Cecil County Medical Society,																		2					2
Church Home and Infirmary,																		1					1
City Dispensary of Baltimore,		1																					1
Dorchester County Medical Society,												2											2
Fort Marshall,																		1					1
Frederick County Medical Society,			3	1	2			2															8
Hartford County Medical Society,																			3	3			6
Hicks United States General Hospital,																		1					1
Home of the Aged, M. E. Church, Baltimore,																						1	1
Hospital of Baltimore City and County Jail,			1																				1
Kent County Medical Society,									1														1
Maryland Hospital,			2																				2
Maryland Hospital for Insane,																		1					1
Maryland Medical Institute,			1																				1
Maryland Penitentiary Hospital,			1																				1
Maryland Soldiers' Home,																		2					2
Med. and Chirurg. Faculty of Maryland,		8	5		4	1	5	13		18	1		20	1	3		6	6	22	4	14		22	153
" " " **Alleghany Co.**				1																				1
" " " **Ann Arundel Co.**			2																					2
" " " **Baltimore City.**			18	5																				23
" " " **Caroline Co.**			1																					1
" " " **Dorchester Co.**			2																					2
" " " **Frederick City,**			4																					4
" " " **Harford Co.**			2																					2
" " " **Kent Co.**			1	1																				2
" " " **Montgomery Co.**			1																					1
" " " **Somerset Co.**			2																					2
" " " **Talbot Co.**			2																					2
" " " **Worcester Co.**			1																					1
" " " **Washington Co.**			1																					1
" " " **Queen Ann's Co.**			1																					1
Medical and Surgical Society of Baltimore,									3			3											6
Members by Invitation,					1													12					13
Mount Hope Hospital,			1															1					2
Naval School Hospital, Annapolis,			1																				1
North-Eastern Dispensary,																		1				1	2
Pathological Society of Alleghany Co.																						1	1
Permanent Members,							1	1		1			2					5		3		2	15
Post Hospital,																		1					1
Society of Alumni of University of Md.			4																				4
Southern Dispensary,			1														1	1				1	4
State Medical Society,																						1	1
St. Agnes Hospital,																		1					1

A TABULATED STATEMENT. — (*Continued.*)

MARYLAND. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
St. Mary's County Medical Association,										1														1
Talbot County Medical Society,							1	2		3			2											8
Union Orphan Asylum,																			1					1
University of Maryland,		3	2	2		1		1		1					1				1	1	1		2	16
Washington University, Med. Dept.	2	2	1	1	1	1															2		2	12
Washington University, Dispensary,																					1			1
Washington University, Hospital,			1	1																			1	3
	2	15	69	14	8	6	9	21		32	1		33	1	4		6	7	70	14	41		47	400

MASSACHUSETTS.

Barnstable Medical Association,																		1						1
Berkshire County Medical Society,																	2							2
Berkshire District Medical Association,											1							1						2
Berkshire District Medical Society,				1																			2	3
Berkshire Medical College,										1	1				2		2	2		1				9
Berkshire Medical Institute,	1	1	2	2																				6
Boston City Institutions,			1																					1
Boston Dispensary,				1														1						2
Boston Lunatic Hospital,																		1	1	1				3
Boston Lying-in Hospital,				2							1													3

Boston Medical Association,				17				1		2							2	20	1					43
Boston Obstetrical Society,																		2						2
Boston Society for Medical Improvement,				5		4		4	2	4				1	7	1		5						33
Boston Society for Medical Observation,				2	2			2		3			1				1	3						14
Boylston Medical School,				1																				1
Bristol District Medical Society,																		2						2
Chelsea Marine Hospital,				1																				1
City Hospital of Boston,																	1	2						3
City Institutions, South Boston,				1																				1
Dale U. S. General Hospital, Worcester,																		1						1
Deer Island Hospital,				1									1											2
Essex North District Medical Society,										1			1		1		1		4					8
Franciscan Hospital for Women,																					1			1
Franklin County Medical Society,											1							1						2
Franklin District Medical Society,								1															1	2
Gynæcological Society of Boston,																							1	1
Hampden County District Medical Society,													1				1	1	1					4
Hampshire County Medical Society,																	1							1
Hampshire District Medical Society,																1	2							3
Harvard University Medical School,	1	2		2			2			2			1		2			2	2	2				18
Lowell Hospital,															1		1							2
Massachusetts Eye and Ear Infirmary,				2				1																3
Massachusetts General Hospital,		2		2	1	2		2	1	1		2	1	1	2			2						19
Massachusetts Medical College,								2																2
Massachusetts Medical Society,	9			75				65	9				30		64				5	6	13		8	284
Massachusetts State Medical Society,		9			17	8	15			37	11	2				11	28	33						171
McLean Asylum for the Insane,				1											1			1						3
Members by Invitation,													1											1
Middlesex District Association,		1																						1
Middlesex County Medical Society,													2		1									3
Middlesex District Medical Society,	3			8	1																			12
Middlesex East District Medical Society,															1			1						2
Middlesex North District Medical Society,															2			2						4
Middlesex South District Medical Society,																	3	7	2	2	2			16
New Bedford Medical Association,		1		1																				2
N. England Hosp. for Women and Children,																	1	1	1					3
Norfolk County Medical Society,													1		1			3						5
Norfolk District Medical Society,																							3	3
Orthopedic Institution,				1																				1
Permanent Members,				11			1	2		1	1		4		15		4	95	5	1	4		2	146
Permanent Members Elected,																		25						25
Plymouth District Medical Society,																		3			1			4
Roxbury City Hospital,				1																				1
Southern District Medical Society,					1			1																2
St. Francis Hospital for Women,																							1	1
Suffolk District Medical Society,															1		14	19		1			3	38
Thurber Medical Association,										2			2		1		1	2			1			9
Tremont Street Medical School,				2																				2

A TABULATED STATEMENT. — (*Continued.*)

MASSACHUSETTS. — Continued.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
United States Marine Hospital,													1											1
Worcester County Medical Society,									1						1		3							5
Worcester District Medical Society,			1	3							2				1			10						17
Worcester North District Medical Society,															3	1			1					5
	1	14	19	143	22	14	18	81	13	54	18	4	47	2	107	14	68	249	23	14	22		21	968

MICHIGAN.

Calhoun County Medical Society,											3													3
Detroit Academy of Medicine,																							1	1
Detroit Medical College,																						2	1	3
Detroit Medical Society,									1	2	3	1												7
Genesee County Medical Association,																						1		1
Grand River Valley Medical Association,											2													2
Harper Hospital,																		1						1
Kalamazoo Valley Medical Association,																			1					1
Lapeer County Medical Society,								1																1
Marine Hospital, Detroit,													1	1		1								3
Medical Department Michigan University,					2		1			1	2	2	2	1	2	1	1	1	1	1		1		19
Members by Invitation,											14					1								15
Michigan Central Medical Society,											1													1
Michigan Insane Asylum,																1	1	2						4
Michigan State Medical Society,		1			3				2	5	10	3	2		1					4				31

North-Eastern Dis. Med. and Scientific Ass.											8				2		3	2	1						16
Oakland County Medical Society,					1																				1
Peninsular Medical and Scientific Society,								4																	4
Permanent Members,								1		1	7	1				1	2	1			1	1			16
Saginaw County Medical Society,											1														1
Serapin Society,											5														5
Shiawassee County Medical Society,											1														1
St. Joseph County Medical Society,														1		2									3
St. Mary's Hospital,											2	1		1											4
South-Western District Medical Society,									1		3														4
Van Buren County Medical Society,											1														1
		1			6		1	6	4	9	63	8	5	4	5	7	7	7	3	5	1	5	2		149

MINNESOTA.

Minnesota Medical Society,									1																1
Minnesota State Medical Society,																						1	3		4
Medical Society, Minnesota Territory,											1														1
St. Paul Academy of Medicine,															1										1
Union Med. So. of St. Anthony's and Minneapolis,											1														1
									1		2				1							1	3		8

MISSISSIPPI.

Adams County Medical Society,																						2			2
Jefferson County Medical Society,									1						1							2			4
Marshall County Medical Society,												1													1
Medical Society, Madison County,																						2			2
Medical Society of Mississippi,	1																								1
Members by Invitation,												1													1
Mississippi State Lunatic Asylum,																			1			1			2
Mississippi State Medical Society,	2	1										1													4
Mississippi Medical Association,																						11	2		13
Vicksburg Medical Society,																						2			2
	3	1							1			3			1				1			20	2		32

A TABULATED STATEMENT. — (*Continued.*)

MISSOURI.

	New York.	Philadelphia.	Baltimore.	Boston.	Cincinnati.	Charleston.	Richmond.	New York.	St. Louis.	Philadelphia.	Detroit.	Nashville.	Washington.	Louisville.	New Haven.	Chicago.	New York.	Boston.	Baltimore.	Cincinnati.	Washington.	New Orleans.	Washington.	Total Representation from each Institution.
	1846	1847	1848	1849	1850	1851	1852	1853	1854	1855	1856	1857	1858	1859	1860	1863	1864	1865	1866	1867	1868	1869	1870	
Biddle Lying-in Hospital,									2															2
Charlton County Medical Society,									1															1
Clay County Medical Society,														1										1
Cooper County Medical Society,									1															1
Dispensary of the University of Missouri,									1															1
Franklin County Medical Society,									2															2
Humboldt Medical College,																				2				2
Jackson County Medical Society,									1															1
La Fayette County Medical Society,									2														2	4
Medical Association of State of Missouri,								5																5
Medical Department St. Louis University,		1	1	1	2	1	1	2	2															11
Medical Department University of Missouri,		1			1	1	1		2															6
Medical Faculty of State of Missouri,				1																				1
Medical Society of the State of Missouri,		1				3	3															1		8
Members by Invitation,									18				1	1										20
Missouri Medical College,												1		2	1					1		1	1	7
Missouri State Medical Association,									18														2	20
Missouri State Medical Society,					1							1												2
O'Fallon Dispensary,									1															1
Palmyra Medical Association,																1								1
Permanent Members,									3					1										4
Pike County Medical Society,									1															1
Randolph County Medical Society,									1															1

State Prison Hospital,									1															1
St. Joseph Medical Society,															1									1
St. Louis Association of Physicians,	1																							1
St. Louis City Hospital,									2															2
St. Louis College of Physicians and Surgeons,																							1	1
St. Louis County Hospital,									2															2
St. Louis County Lying-in Hospital,									1															1
St. Louis County Insane Hospital,									1															1
St. Louis German Medical Society,									2															2
St. Louis Hospital,									2															2
St. Louis Medical Association,																		1						1
St. Louis Medical College,										1		1		2	2				1	2			1	10
St. Louis Medical Institute,									1															1
St. Louis Medical Society,						2	2	5	8	4		1	4	3			1			1		1	4	36
St. Louis Pathological Society,																				1				1
St. Louis Quarantine Hospital,									1															1
United States Marine Hospital,									1															1
Young Men's Medical Association,																				1				1
	1	3	1	2	4	7	7	12	78	5		4	5	10	4	1	1	1	1	8		3	11	169

NEBRASKA.

Nebraska State Medical Society,																						1		1

(To be continued.)

EDITORIAL NOTES.

EFFACED AT LAST from the By-Laws of the Massachusetts Medical Society is the clause permitting the graduates of the Medical School of Harvard University to enter that Society upon the mere presentation of their diploma. We chronicled several months since* the vote by which the Society at large, by a very large majority, expressed its will in this matter to the Councillors. We now have the satisfaction of recording the fact that these laggards, stirred into unwilling life by the rebuke they then received, and by the discipline inflicted by the American Medical Association, have at last, by an unanimous vote, at their stated meeting of Oct. 5, concurred with the Society at large. The reform is thus complete.

The history of the struggle just ended will be found to have, like all others, its lessons. Prior to 1869 there had existed a latent feeling in the profession here that the old Society-College compact was an iniquitous one, but as usual the business which concerned everybody was attended to by none. At the Annual Meeting of the Society, in 1869, it was proposed that the compact should be abrogated, it being, however, unknown at the time to the maker of the motion that, even while he was speaking, an applicant from a distant city was being sacrificed to the letter of the by-law referred to.

The motion was made, and it was seconded by Prof. J. B. S. Jackson, of the Medical School,—a gentleman whose instincts are good, however wrongly he may at times permit himself to be manipulated by those whose pecuniary interests may seem identical with his

* See this Journal, July, 1870, p. 61.

own. Dr. Jackson's remarks were immediately and bitterly opposed by his colleague, Prof. Henry J. Bigelow, who claimed that because the privilege had once been granted to the College, it had become a vested right, and as such was never to be relinquished. The President of the Society for the time being, the son-in-law of a deceased professor in the College, succeeded in choking off the call for a vote upon the question, and it passed by the rules to the subsequent meeting of the Councillors, several months afterwards. These gentlemen, according to time-honored precedent in matters affecting the interests of the College, decided that no change was necessary. The successive manœuvres thus far detailed were described by us at the time they occurred.*

The only means of redress at home had thus been exhausted, and there remained but the American Medical Association as the final court of appeal. By vote of the Gynæcological Society,† its Secretary was directed to present to the Association, by formal memorial, the facts in the case; the Massachusetts Medical Society being, it was claimed, as amenable to discipline as though it had been an individual, for having violated two important sections of the Code of Ethics. Of this proposed action public notice to parties interested was duly given at the Annual Meeting of the State Society in 1869, and subsequently in this Journal.‡

The appeal to the National Association was not in vain, and though the Committee of Ethics, sound enough in their expression of opinion concerning irregular practitioners, balked a little at the prospect of a misunderstanding between Harvard College and the University

* See this Journal, Oct., 1869, p. 247; Nov., 1869, p. 320; Feb., 1870, p. 112; and March, 1870, p. 174.

† See this Journal, Oct., 1870, p. 237.

‡ See this Journal, March, 1870, p. 178.

of Pennsylvania (represented in the Committee by Prof. Alfred Stillé, of Philadelphia), and the Chicago Medical College (represented by Prof. N. S. Davis), if they squarely faced that portion of the matter committed to them, the sentence was passed distraining the Massachusetts Medical Society from representation at the sessions of the Association until the Code shall have been implicitly obeyed.

Meanwhile, one of the largest District Societies in Massachusetts, the Middlesex South, had by vote instructed the Councillors from its own number to urge upon the parent society, by every means in their power, an adoption of the reform. The hundreds who were present at the struggle of May 25, the day of the Annual Meeting of the State Society, have still the details of that victory fresh in mind.* They will recollect the piteous way in which Prof. Ellis, of the Medical School, in direct opposition to the arguments of his colleague, Prof. Bigelow, at the Annual Meeting of the year before, attempted to show that The School did not need to retain the disputed privilege. It will not be forgotten, moreover, that this gentleman had been the Chairman of the Special Committee of the Councillors which had reported to his sympathizing coadjutors, but a few months previously, that no change whatsoever was required. The grapes, forsooth, were rapidly becoming sour, but the poor foxes disliked most desperately to relinquish them. The Society voted, nevertheless, that such must be done.

And at last the final act of the comedy has taken place. At the meeting of the Councillors, held last month, Prof. Bigelow secured the poor privilege of making the motion to take from the College, upon the

* See this Journal, July, 1870, p. 61.

very same ground that had been asserted by his opponent, its vaunted "right," for which he had before so vigorously combated. "The Faculty had found their course," it was said, "to be illegal." "The Faculty, or at least, three quarters of them, had always been ignorant that they had ever had such a right, or, to say the least, they had forgotten it." "The School had never resorted to its employment," and "it was highly improbable that any student had been tempted to Boston" by the bait in question; and to testify to a similar inconsistency and a similar self-contradiction, there followed, of course, the Dean, Prof. Ellis. The Councillors had, accordingly, nothing to do but to obey the vote of the Society at large, and by an unanimous vote the obnoxious by-law was expunged.

As members of the profession, we must rejoice that this great point has been carried, for it concerns every physician in the United States that the terms of entrance to a State Society should be made the same for the graduates of every reputable medical college. As Harvard men, however, we can only feel disgust at the unmanly way in which the defeat of The School was confessed.

"Illegal" was the by-law? Strange, then, that this fact was not acknowledged before that suppressed and as yet unpublished portion of the report of the Committee of Ethics of the American Medical Association conveyed its gentle reproof. The School, there is reason to believe, felt beneath the soft touch of that glove the chill of an iron hand.

"Illegal" was it? How many of the Fellows of the Massachusetts Medical Society are there then to-day, whose membership will not be liable to challenge, when, as is not unlikely, one of the questions that have now arisen comes to be settled in a court of law?

"Ignorant" were the Faculty? We should dislike to acknowledge that this term applies to any one of its members concerning any subject whatsoever.

"Never used" was the privilege? We can hear the Censors, past and present, throughout the State, laughing at the delicious coolness with which their yearly bows to the magic passport from H. U. are now ignored. Our old friend, "D. Clapp, printer," must think his whole life a dream, now that he is told that the official trade-mark that gave point to the tens of thousands of prospectuses and yearly announcements he has mailed in behalf of The School, namely, the reference by the Censors to a certain by-law of the Massachusetts Medical Society, was never published by them.

And lastly, "Forgotten!" Most likely plea of all. It was "forgetfulness" rather than malice that dealt the "foul blow"* at Sir James Simpson from the hand of an ex-professor in The School. It was "forgetfulness" rather than ignorance that disgraced the physicians of New England in the matter of the little pamphlet that was issued from its Obstetrical Chair "for the benefit of the medical profession."

And, to ourselves personally the most amusing instance of all, it was "forgetfulness" of a certain insult once attempted to be given by the College Faculty to H. R. Storer, — the atonement for which the Fates are now so steadily bringing, — that wrote us so lately as July 13, 1870, the following note. It is from one of the most prominent professors now in The School: "I had entirely forgotten the action of the Medical Faculty in regard to yourself; of course I have no recollection of any part that I took in it."

After such an exhibition as this, who can feel for poor

* See this Journal for February, 1870, p. 112.

Rip Van Winkle—whether asleep or awake again, and whatever the chair that he nominally fills—other than a sense of pitying sympathy, or do else than try to forget likewise, however hard it may be to forgive?

THE WORD "FORGIVENESS" has a delightful sound. It looks equally well in print. While we are endeavoring to coax the inclination towards it into our heart, let us see if we cannot show its necessity upon the part of the profession towards the parties of whom we have been speaking. And, moreover, as the present ought to be "the student's number," if we would be in fashion with our contemporaries this present month of November, we should endeavor to bespeak for the same persons, in advance, the forgiveness of the young gentlemen drawn hither by that siren song, the Annual Announcement of the Medical School.

We have already more than once alluded to the false promises, unintentional of course (as to Brown-Séquard's lecturing, etc., etc.), that from time to time in years past have been made regarding the "unequalled" facilities for medical instruction existing in Boston. These romancings, we are now happy to be able to state, were wholly and only owing to "forgetfulness."

It was "forgetfulness" that used all sorts of means, fair and unfair, to prevent the establishment of the City Hospital, until its control had been gained by the Medical School.

It was "forgetfulness" that endeavored to jugulate the Children's Hospital by that letter in the "Boston Daily Advertiser," signed by the Medical Superintendent of the Massachusetts General Hospital, and written in the interests of the Medical College.

It was "forgetfulness" that denied * the direct action that had been taken by The School in attempting to prevent Tufts College from adding to its charter the right of conferring medical degrees.

It was "forgetfulness" that could not remember having pursued the same intolerant course with regard to obtaining its charter by the Boston Dental College.

It was "forgetfulness," moreover, — could it have been aught else? — that stated in a semi-official editorial only last year, that "The School was never in a more prosperous condition; the number of matriculants this year exceeds all previous ones;" † when its actual register showed that the number of bonâ fide students was in reality less than it had been for several years previously. We happen to have in our possession, from a perfectly trustworthy source, the figures themselves.

It is "forgetfulness" of the importance, nay, of the very existence, of gynæcology, and of the exhortation of the American Medical Association that a chair should be established for its instruction at every medical college, and of the fact that most of the other schools have already done so, that still prevents their good example from being followed in Boston.

These have been instances of petty trickery unworthy the name and the fame of a great University, as every one of its sons must truthfully claim old Harvard to be. Such, we shame to confess it, such has been the history of the Medical School. It is time that the beneficent and efficient besom that is so rapidly sweeping professorial spiders from their lurking-places, and whisking from ancient stones and mummies the dust that for years has been settling upon them, should find its way

* Boston Medical and Surgical Journal, April, 1867, p. 204.
† Ibid., November, 1869, p. 283.

to the corner where so much work awaits it. We trust, sincerely, that the class about matriculating will prove the largest that has ever entered itself, and in this respect resemble that of the undergraduates at Cambridge the present year. We trust, besides, for the coming of the day when The School shall be made worthy of its high calling and its admirable opportunities, with the best men that can be found in the country to occupy its every chair, and with new lectureships added, if necessary, so as to cover every recognized department of medicine.

It is surely an editor's duty to help, so far as he may be able, the speedy coming of that time.

At last, the elephant, we have been said to have taken upon our hands, begins to show unmistakable signs of discomfiture. A little more discipline like that of late will make the monster as docile as a lamb.

Last March we told our readers, of the blusterers here who defied in advance the authority of the American Medical Association, and we prophesied of the penance that was to come.* Smarting under its infliction, how graceful it was of Prof. Bigelow, only the other day, to deny outright the authority of the Association, while the Councillors of the Massachusetts Medical Society were re-acknowledging the Code they had all along so deliberately violated, and with what emphasis the venerable Dr. Chapin, of Winchester, rebuked him!

As a commentary upon the alacrity with which the Councillors are learning that they are "the servants, not the masters," of the Society at large, we print the

* See this Journal, March, 1870, p. 178.

Report, accepted and adopted by them, of the Committee we referred to in our last number as "Star-chamber" in its character. It will be perceived that the Committee was forced to accede to our demand that it should not attempt to evade the issue that had been forced upon the Councillors by a portion, only, of the delegates from the State Society to the National Association. Attending its conference as a mere matter of courtesy, and in no way acknowledging its right to usurp the functions of a Board of Trial, we do not complain of the breach of faith by which, after repeated assertions by its chairman and other members of the Committee, in open session, that no charges had been or were to be made against us, it has now been attempted, by a cowardly quibble with the word "deserve," to fix upon us the stigma of public reproof.

The Report, adopted by the Councillors of the Massachusetts Medical Society, is as follows: —

"The Committee find that the statements in the report referred to them are substantially correct; that objections to the admission to the American Medical Association of the delegates of the Massachusetts Medical Society were presented by Drs. H. R. Storer and J. L. Sullivan, without proper notice having been given by them of their intention to present said objections; — and your Committee further report that, in their opinion, in view of the fact that Drs. Storer and Sullivan were members of this Society, their omission, apparently premeditated, to give such notice, was, to say the least, an act of discourtesy, which deserves censure. And your Committee are of opinion that the circumstance that Drs. Storer and Sullivan, in interposing the objections aforesaid, professed to act, or acted, as representatives of a society called the Boston Gynæcological

Society, constitutes no justification of the course pursued by them." *

Thus far so much of the Report as regards Drs. Storer and Sullivan. The remainder, concerning the relations of the Massachusetts Medical Society to the American Medical Association, we shall give by itself.

To the sly move of the Councillors, above described,

* Why, we would ask, was the last clause of the above omitted in the Official Report of the Meeting of the Councillors, published in the "Boston Medical and Surgical Journal" for Oct. 27, 1870? If from repentance, it has come too late.

There were present at the meeting the following Councillors, and as the vote is said to have been an unanimous one, they cannot object to their names being given. We need not repeat what we said last month as to who would prove "to be pilloried."

We present the official list of "those who recorded their names."

Bristol North,	Joseph Murphy,
	Amos B. Penn.
Bristol South,	W. W. Comstock,
	Jerome Dwelly,
	F. H. Hooper,
	J. H. Mackie.
Essex North,	J. Crowell,
	W. D. Lamb,
	H. C. Perkins.
Essex South,	Ebenezer Hunt,
	Augustus Torrey.
Middlesex East,	Alonzo Chapin.
Middlesex North,	C. A. Savory,
	Joel Spaulding.
Middlesex South,	R. L. Hodgdon,
	T. P. Robinson,
	H. P. Walcott,
	A. C. Webber,
	J. W. Willis.
Norfolk,	G. J. Arnold,
	B. E. Cotting,
	W. C. B. Fifield,
	J. G. S. Hitchcock,
	C. C. Holmes,
	Edward Jarvis,
	A. Le B. Monroe.
Plymouth,	Asa Millet,
	N. B. Tanner.
Suffolk,	S. L. Abbot,
	James Ayer,
	H. J. Bigelow,

(Professor in Harvard Medical College.)

the Gynæcological Society has now said "check," by the following resolutions, passed at a special meeting, which was held on the evening of Oct. 8th, by order of the President:—

"*Whereas*, Two members of the Gynæcological Society, Drs. H. R. Storer and J. L. Sullivan, have been formally censured by the Councillors of the Massachusetts Medical Society for having been instrumental in procuring certain action to be taken by the American Medical Association at its session at Washington in May last; and,

"*Whereas*, It was in accordance with instructions from the Gynæcological Society, and in its behalf, that the said Drs. Storer and Sullivan presented the memorial concerning the invidious distinction made by the Massachusetts Medical Society in favor of the graduates of

C. E. Buckingham,
(Professor in Harvard Medical College.)
S. Cabot,
P. M. Crane,
Geo. H. Gay,
A. B. Hall,
Geo. Hayward,
R. M. Hodges,
(Adjunct Professor in Harvard Medical College.)
C. D. Homans,
J. B. S. Jackson,
(Professor in Harvard Medical College.)
Geo. S. Jones,
Jos. S. Jones,
Geo. H. Lyman,
F. Minot,
("Instructor" in Harvard Medical College.)
C. G. Putnam,
Wm. Read,
Geo. C. Shattuck,
(Professor in Harvard Medical College.)
D. McB. Thaxter,
H. W. Williams,
("University Lecturer" in Harvard Medical College.)
D. H. Storer.

Had the gentleman whose name stands last upon the list joined in the vote, we should indeed have felt annoyance. He was absent, however, at the time it was taken.

As for the rest, we have always enjoyed listening to the whistling of the wind.

Harvard College, and its tolerance of irregular practitioners, upon which the action of the American Medical Association was based; therefore,

"*Resolved*, That the credit or demerit of the results thereof belongs to the Gynæcological Society, in accordance with whose well-defined instructions the said Drs. Storer and Sullivan acted, and not to them as individuals.

"*Resolved*, That for the Councillors of the Massachusetts Medical Society to censure a Fellow or Fellows is a gross violation of the by-laws of said Society, and an insult to every other Fellow thereof.

"*Resolved*, That the censure passed upon Drs. Storer and Sullivan being illegal, it is therefore necessarily null and void; and that the Gynæcological Society, composed of seventeen Active Members, all of whom are Fellows of the Massachusetts Medical Society, does hereby demand for itself a trial,* according to the laws of the Massachusetts Medical Society, being alone responsible for the Memorial presented by its delegates to the American Medical Association.

"*Resolved*, That copies of the above preamble and resolutions be sent to the President and Recording Secretary of the Massachusetts Medical Society, and published in the 'Journal of the Gynæcological Society,' the 'Boston Medical and Surgical Journal,' and such other medical journals as the President may deem expedient."

The device of the Councillors, an old and stale one, is also very transparent. Compelled, perforce, to retreat from the position they had assumed a year ago with such show of dignity, and to obey the vote of the So-

* Incidentally to the main question, and as bearing upon that of animus, all the facts in both the Ellis and the Buckingham cases will now have to be brought to light. In regard to the former of these gentlemen, it will be borne in mind that his friends have forced the issue upon us. Our pity might else have spared him.

ciety instructing them to deprive Harvard College of its so-called "right," they have joined hands with the College Faculty in a sort of ridiculous war-dance, under cover of the dust from which they had hoped to slink away unobserved.

To CONTINUE with the matter of our precious Councillors, who, if we mistake not, as a body, and at no very distant day, will find themselves abolished. Arrogating all the functions of a House of Lords, while their very existence depends upon the will of their constituents, the Fellows of the Society at large, it only needs a petition from these to the Legislature of the State for an amendment of the charter of the Society, and down come the Councillors to their proper level.

The Report of their Committee goes on to say, — and recollect, as has forcibly been suggested, that the Councillors who accepted and adopted it were and still are in the condition of a child after lying over its parent's knee for discipline: —

"That the action of the American Medical Association, in effect imposing conditions upon the right of this Society (the Massachusetts Medical) to future representation in that body, was ill-considered and unwarranted; and that it is expedient that this Society, before again sending delegates to the American Medical Association, should make a formal representation to the last-named body, with a view of procuring a reconsideration of its action in the premises.

"And the Committee recommend that a committee be appointed to prepare such a representation, to be transmitted to the Association at its next annual meeting, — but that no delegates be sent by this Society to said meeting."

What do the distant members of the American Medical Association say to the above proposition? A party under sentence of non-representation till certain duties, distinctly stated, shall have been performed, coolly proclaims that it shall appoint no delegates till the Central and Controlling Power makes an apology for its own self-assertion. We can predict the verdict at San Francisco. Massachusetts has tolerated no secession from the Union of States. By its own doctrine it is now to be judged.

IT ALWAYS GIVES US PLEASURE to learn of recognitions paid to real merit. We are, therefore, glad that Dr. Clarence Blake has been appointed to give an "University Course" upon Otology, in connection with the Medical School, and Dr. Robert Amory, upon the Physiological Action of Drugs upon Man and the Lower Animals. We have already expressed our surprise that the latter gentleman had not been chosen "Assistant" or "Adjunct" Professor of Materia Medica, and Dr. Edes placed instead in the chair of Pathology, for which he is undoubtedly better qualified than any other man in Boston.

Dr. Amory, however, will recollect that another gentleman, Dr. F. E. Oliver, who very acceptably had acted as "Instructor" in Materia Medica to the summer class for many years, and who, so far, had certainly earned a right to the first vacancy occurring or made in this department, has been quietly passed by, — to all appearance taking the slight far more kindly than did Dr. Abbot, late Instructor in Obstetrics, whose resignation took place as soon as another person was appointed over his head to the empty professorship, for which, it would seem, his long service at organ-grinding in the conduct

of the other medical journal in this city was not a sufficient retainer, — and he will not forget that sometimes when a man has thoroughly fitted himself for a position, by every expenditure of money, time, and mental labor, as did both Brown-Séquard and his pupil, Dr. Lombard, for the chair of Physiology,* then the powers that chance to be, wise in their own conceit, may possibly ignore him. Those who do not recognize such golden opportunities as the ones to which we have referred, simply have, like our friends in North Grove Street, to repent at their leisure. Much profit they undoubtedly gain thereby. Their minds are easy, for they have had their own way; their consciences are at rest, for what have corporations with aught of the kind? — and as for pecuniary receipts, what difference makes it that the students who might have come hither now go to New York, to men so above such petty considerations as are the teachers in Harvard College?

It is like a beautiful cluster of tropical fruit, that corps of extra-academical medical lecturers. There seems, however, a want of symmetry in its arrangement, owing perhaps to some internal blight, and perhaps to a lack of sunny favor upon one side while there's a redundancy of it upon another. For Ophthalmology, for instance, there are Hasket Derby, Hay, and Williams, while for Otology only Green and Blake, — there should also be Shaw.

For Diseases of the Skin, there seems to be only White; to make the balance a little more complete, there should also be Jeffries, and Damon or Wigglesworth.

* Last month we expressed our gratification at the appointment that had been made from New York in this department. We now trust that the intimation conveyed in a note to us from one of the Professors at Bellevue may prove unfounded. "I am sure," says this gentleman, "that my pupil, assistant, and friend, Dr. Lusk, will make his mark in Boston; but Harvard cannot have him after this winter." A little more of the Knickerbocker leaven would do us all no harm.

For Psychology, there is only Tyler; where are Walker, and Fisher or Whittemore or Hazelton? And where is Webber, that he is not lecturing upon the Organic Diseases of the Nervous System?

For Laryngoscopy, there are only H. K. Oliver and Knight; there should certainly also be Langmaid.

For Hygiene, only George Derby; why not also Henry G. Clark and Lincoln?

There are no lecturers upon Venereal, though Slade of Chestnut Hill, and Monroe, and Durkee, and Morland, are each awaiting the invitation; and there are none on Mechanical Surgery, for which Frank Ropes was so well fitted, though there are B. Brown and Spring and Tarbell to be had for the asking; and this although Dentistry has been exalted into a separate collateral School.

Where, we would inquire, are the opportunities that should long since have been extended, of attending instruction in Clinical Midwifery? Why has not Reynolds been entrusted with this task, — or some one of the gentlemen connected with the Carney Hospital, — the venerable Putnam, for instance, who, moreover, as the President of the old Lying-in Hospital corporation, must to a great extent be held responsible for the non-employment for its legitimate purpose of that now very large fund? They do these things better in New York and Philadelphia.

And where, again, are the lecturers upon Gynæcology? The college knows that, willing or no, it must supply such needs, or its students go elsewhere. Ordinarily, as we have shown, it has seemed over-anxious to "rope in" all available talent, for fear of the establishment of a rival school. It has a far worse sorrow, however, than such would be, yet in store.

We have referred to these "University" appoint-

ments with much hesitation, for we are told that if any Boston name, whether connected with the college or no, is spoken of approvingly in these pages, a panic immediately occurs. The gentleman is supposed to have crossed his Rubicon, and become in some way identified with the Gynæcological Society; or else, it is said, the Society is seeking for him. The Society, however, and its Journal, are beginning to be better understood by the profession. They have neither of them favors to ask; but they grant them, sometimes, and when they do so it is in sincerity and good faith. The younger men are commencing to perceive that pioneers, of muscle and good heart, are no disadvantage in clearing a path for those who would fain run but else must walk; and the older ones, upon their side, are learning that a dead or misshapen growth but invites the axe. There's a better time coming, and as fast as certain nobodies are slipped from their places by the constant, unremitting, and merciless pressure, these younger men now clustering about them like bees upon a comb, will enter in and take possession.

The Society, blind it trusts to the excellence of no one, would especially honor those who are in direct affiliation with it by membership; thereby being governed by the sound and well-recognized doctrine, which would do good unto all men, and especially unto them that are of the household of faith. It has lamented the decease of Simpson and Meigs and Pope and March and Bedford, and it has rejoiced in the success of Sayre in bringing his professional enemies to well-merited confusion. It now congratulates the Bellevue Hospital Medical College in that being temporarily deprived, by his illness, of the services of the admirable Elliot, it has secured those of White, of Buffalo, a good man and true, in the highest sense of the words. Dr. White is every-

where known as one of the most accomplished gynæcologists in this country. With Fordyce Barker as his colleague, the superiority of the New York School for instruction in the diseases of women, over that of this city, where there is none, is simply infinite, and students do well who act accordingly.

EVERY MEMBER OF THE American Medical Association will be interested in the tables we publish this month, showing the attendance and representation from the various medical organizations of the United States in that body to the present time. To those who wish to be posted in the history and working of the Association, these tables will be invaluable. There has been a conviction growing up of late years among its members that some change should be made in regard to the institutions admitted to representation. For instance, what is the reasoning which permits representation to Poorhouses, Almshouses, Jails, Penitentiaries, Orphan Asylums, etc., etc.? These places are filled by the civil and political governments. They cannot adopt the Code of Ethics of the Association,— a sine quâ non. So with some other institutions permitted to send delegates.

The phrase in the constitution "*and other permanently organized medical institutions*" has let in all who have sought admission. The future will correct this, and perhaps it is not yet too early to commence the reform.

The American Medical Association has now attained such a firm hold upon the confidence of the regular physicians throughout the United States, that the exercise of ordinary wisdom in the future will make it all powerful in assisting their onward progress to the highest honor that can be won.

The registration of the names of the various medical institutions represented in the Association has hitherto been most bunglingly conducted, and reform is here a necessity. Many delegates, in the excitement of registering, forget the exact title of the institution they represent, and improvise a name which is recorded as that of the Society represented. At the proper time hereafter, it may be submitted that a Board of Censors be created who shall sit with the Committee of Arrangements, for registering delegates. All Medical Societies, Colleges, Hospitals, etc., desiring representation should then apply to or notify this Board of Censors of their organization, its purpose, number of members, etc., etc. This would enable the Board to obtain the exact title of each institution, with the names and number of its members, and many other valuable data.

We but echo the voice of our readers when we return thanks to Dr. Toner, for his laborious and most useful statistics. It would have been discreditable to the Association had they not been published, and we are glad that this Journal came to be selected for the purpose. We believe that for many years to come the proposed National Board of Censors, to be chosen, we trust, at San Francisco, will turn for reference to these pages.

THE FIRST ANNUAL REPORT of the State Board of Health, of Massachusetts, issued early in the present year, is a document of much importance to physicians as well as to the public. It is devoted mainly to the discussion of two special questions,—the irresponsible sale of poisons, and the existence of large and unregulated slaughter-houses in the vicinage of Boston; the latter being one of the points to which we called the attention of the Board in an editorial for September,

1869. A third topic, the comparison of model lodging-houses, and common tenements, with reference to their relative effects upon the health and morals of the people, is announced as under especial investigation for the report of the ensuing year. At the present moment, indeed, the Chairman of the Board, Dr. Bowditch, is carefully studying in London the solution of this question as there attempted, and the city of Boston, at the suggestion made on the 18th of April last, by its Consulting Physicians, of whom the Secretary of the Board is a member, seems in reality to be at last attempting, in the case of tenement-houses, "to furnish an example of public cleanliness and public health, which other American cities might imitate." There is appended to the present publication a most interesting paper upon the prevention of disease, by the able Secretary, Dr. George Derby. To matters discussed therein we may allude at a future time.

The report upon the sale of poisons, while very sensibly written and thorough, so far as it goes, yet fails to speak of two ways of relief from much of the difficulty now attending the dispensing of dangerous drugs. One of these is simple enough; it is, that besides the article being distinctly labelled under its common name, it should also bear the full address of the seller, as is required in Great Britain by the Pharmacy Act of 1868. A heavy penalty should be attached to a breach of this rule, a portion of the punishment being in the form of a fine, which should be paid to the informer. An immediate check would thus be exercised.

The other means which we would suggest to the Board, is the following. We have put ourselves on record as opposed to the employment of women for duties for which they are unfit. There are others, however, to which they are admirably adapted, better even

than men. Among these, we have long considered the compounding and dispensing, at retail, of medicines. There are many trades, specialties in business, if we choose to call them so, now occupied in our inordinately feminine communities here at the East, by men, who have plenty of opportunities for a livelihood at more manly work, and might thus make so many outlets from danger to safety for persons of the other sex. The general aptitude of women educated for the purpose, for the niceties of chemical manipulation, their care in matters of petty detail, and their greater sense of responsibility, are all recommendations in their favor. In many druggists' shops a woman presides at the money-desk. Let this serve as her entering-wedge towards the dispensing-counter. Its progress needs only such encouragement as has been afforded by the classes in chemistry, for women, established by the Lowell Institute in connection with the Massachusetts Institute of Technology, and an appreciation of its importance by a few such druggists as Messrs. Metcalf, Colcord and Dolliver, Brown and Markoe, and Leopold Babo, and the suggestion would be a fact accomplished.

We frequently wonder at the patience and long suffering of our friends, the various publishers, who continue to send us their valuable works as issued, though we have been so remiss in acknowledging them. Had we no other business in hand than the enlargement of our library, a notice from us would hardly reach so large a circle of readers as this Journal has now acquired. The trade may therefore well excuse our delay. We hardly know where to begin upon the pile of books that lies under our table. Therefore we will take a few at random.

From Henry C. Lea, of Philadelphia, who has always shown remarkable judgment in his selection of what to place in his press, we have the following: —

A Treatise on the Diseases of Infancy and Childhood, by Prof. J. Lewis Smith, of Bellevue Hospital Medical College, New York.

A Practical Treatise on the Diagnosis, Pathology, and Treatment of Diseases of the Heart, by Prof. Austin Flint, also of Bellevue. (2d edition.)

A Practical Treatise on the Diseases of Women, by Prof. T. Gaillard Thomas, of the New York College of Physicians and Surgeons (2d edition); and A Manual of Clinical Medicine and Physical Diagnosis, by Thomas Hawkes Tanner; revised and enlarged by Dr. Tilbury Fox, of London. (3d American, from 2d English edition.)

Lindsay & Blakiston, of Philadelphia, have favored us with

The Practice of Medicine, by the same Dr. Tanner, (5th American from 6th English edition); and A Guide to the Examination of the Urine, by Dr. J. Wickham Legg, of London. (2d edition.)

From Wm. Wood & Co., of New York, we have

A Treatise on the Theory and Practice of Obstetrics, by Prof. W. H. Byford, of Chicago.

J. B. Lippincott & Co., with whom, as the publishers of our American edition of Simpson's Obstetric Memoirs and Contributions, and our Criminal Abortion in America, we have held very pleasant relations, have sent

A Hand-book of Medical Microscopy, by Dr. Joseph G. Richardson, Microscopist to the Pennsylvania Hospital.

George Maclean, of Philadelphia: —

A Guide-book to Florida and the South, by our friend Dr. Daniel G. Brinton, one of the genial editors of that

excellent weekly, the "Philadelphia Medical and Surgical Reporter."

The Navy Department, at Washington: —

Naval Hygiene, by Surgeon Joseph Wilson, with an Appendix upon Moving Wounded Men on Shipboard, by Surgeon Albert C. Gorgas.

From our own publisher, James Campbell, of this city, we have, among other books we will not now enumerate: —

Velpeau's Lessons upon the Diagnosis and Treatment of Surgical Diseases, translated by Dr. W. C. B. Fifield, of the Boston City Hospital, and an excellent surgeon. We only regret that his name occupies an unfortunate position upon another page of the present number of this Journal.

A Hand-book of the Diseases of the Eye, by Dr. A. Salomons, of Boston, formerly Ophthalmologist in the Government Service of Holland; and

The General Principles which should be observed in the Constitution of Hospitals, by Douglas Galton, C.B., F.R.S.; from the press of Macmillan & Co., of London.

To gynæcologists, the books by Thomas, Byford, Tanner, and Richardson, will especially commend themselves. The first two and the last of the gentlemen named are members of the Gynæcological Society.

To Galton's Treatise upon Hospital Management we shall hereafter refer. At present we merely state it to be well worth the perusal of every thoughtful hospital attendant.

Were Mr. Campbell at our elbow, he would probably suggest that all the works of which we have spoken can be procured through himself, and that we might endorse him as anxious to satisfy his customers. We can certainly do so.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. III.] DECEMBER, 1870. [No. 6.

PROCEEDINGS OF THE SOCIETY.

[*Reported by Horatio R. Storer, Secretary.*]

THIRTY-FIFTH REGULAR MEETING, JUNE 7, 1870.

THE thirty-fifth regular meeting of the Society was held on June 7, 1870, at Hotel Pelham, at half-past seven o'clock. In the absence of the President, Dr. Warner was called to the chair. Present, Drs. Warner, Sullivan, Bixby, Field, Weston, and H. R. Storer; and, by invitation, Drs. L. S. Rice, of Lebanon, Ohio; J. E. Stubbs, of Corry, Pa.; J. F. Armstrong, Cleveland, Ohio; and M. P. Morrison, of Monongahela City, Pa.

The records of the last two meetings were read and accepted.

The Secretary read letters from Mr. Charles Clay, of Manchester, England, Honorary Member; and Drs. J. G. Swayne, of Clifton, England; George Southam, Manchester, England; George H. Kidd, of Dublin; A. Wagner, of Königsberg; Gustave Bernutz, of Paris; Giovanni Bezzi, of Modena; Francesco Rizzoli, of Bologna; Pasquale Landi, of Pisa; John P. Mettauer, of Prince Edward's Court House, Va.; Henry Darwin Didama, of Syracuse, N. Y.; and Z. B. Adams, of

Entered, according to act of Congress, in the year 1870, by HORATIO R. STORER, M.D., in the Office of the Librarian of Congress at Washington.

Framingham, Mass., Corresponding Members, severally acknowledging their election to the Society. The photographs of Mr. Charles Clay and Dr. Swayne, added to the Society's collection, were exhibited, and the following donations to the Library announced: from Mr. Charles Clay, of Manchester, England, the last edition of his Manual of Obstetric Surgery; from Dr. Lauchlan Aitken, of Edinburgh, his monograph upon Pelvic Peritonitis and Cellulitis; from Dr. Swayne, of Bristol, England, his Obstetric Aphorisms; from Dr. J. Mathews Duncan, of Edinburgh, his papers upon the Synclitic Motion of the Fœtal Head; from Prof. Schroeder, of Bonn, his monographs upon Chronic Inversion, and Retro-uterine Hematocele; and from Dr. Joseph Kammerer, of New York, his papers upon the Treatment of Uterine Catarrh, and the Pathological Conditions causing Sterility, and Klob's work upon the Pathological Anatomy of the Female Sexual Organs, translated by himself; from Prof. Otto Spiegelberg, of Breslau, his article upon Puerperal Fever; from Dr. Landi, of Pisa, his work upon Ovariotomy; from Dr. G. Bernutz, of Paris, the English edition (Sydenham Society) of the work upon the Diseases of Women, written conjointly by the late Dr. Goupil and himself, in two volumes; from Dr. R. A. Kinloch, of Charleston, S. C., his paper upon Sarcomatous Fibroma; and from Prof. Lazarewitch, of Kharkoff, Russia, his monographs upon certain Obstetrical and Gynæcological Operations and Instruments, Displacements of the Uterus, Embryotomy, and the Induction of Premature Labor.

Dr. Storer exhibited, with the stereoscope, an admirable likeness, belonging to himself, of the late Sir James Y. Simpson.

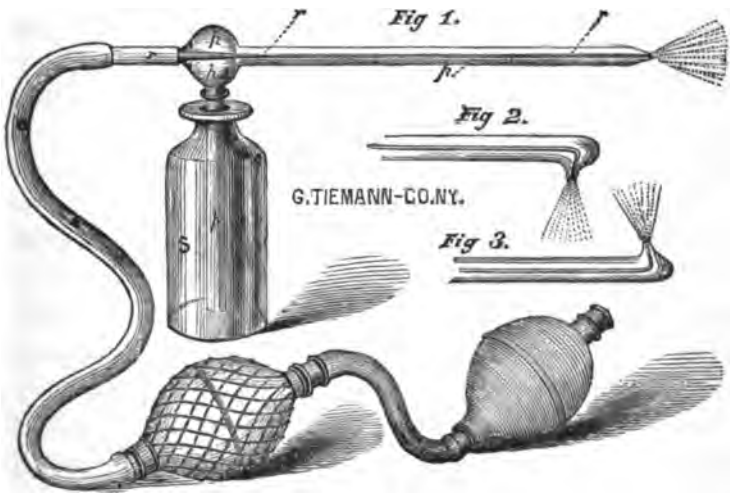
The Secretary presented, in behalf of Dr. Robert Newman, of New York, a Corresponding Member, a

NEW ATOMIZER,

which, while useful for general purposes, was thought especially adapted for applications to the vulva, vagina, uterus, and urethra.

It may thus be described: —

This atomizer is constructed on the principle of one capillary tube inclosing another, and it works as follows: The double air-chamber of the rubber tube, by rapid motion of the hand, presses the air through the inner glass tube, and directs the spray. The same movement exhausts the air from the outer tube.*



As soon as there is a vacuum in the outer tube, the fluid from the vial is forced upward into it, and surrounds the inner tube. The continued pressure forces the fluid through the small opening, and produces the

* *Fig.* 1 represents the straight atomizer in operation. *p p p* is the outer tube. *r r* inner tube. *S* the vial, with the medicated fluid. *Fig.* 2 is the end of an atomizer whose point is directed forwards, for the meatus, etc.; and *Fig.* 3 the end of an atomizer, which sprays backwards, for the fourchette, etc.

spray. We have here the air-producer inside, and the fluid outside, surrounding the inner tube; but the whole machinery is only one piece. The opposite mechanism is also possible, to let the fluid pass in the centre and have the air-producer surround the passage for fluids. These atomizers possess many advantages over all the other patterns now in use. They are, and keep always, clean, do not decompose the solutions, produce a finer spray, thereby not irritating the parts, never need repairs, keep always in order, and are cheaper than other contrivances. They are *not* patented! They are made to direct the spray in different directions: forwards, backwards, and straight upward. Of the latter sort, two specimens were exhibited to the Society; one producing a very fine, the other a coarse spray.

They are constructed by Mr. W. A. Demuth, 16 North Williams St., New York City, and may be obtained of the well-known instrument-makers, Geo. Tiemann & Co.

Dr. Warner was inclined to consider the new Atomizer, invented by Dr. Newman, an improvement upon those in general use. For cases requiring a prolonged use of the spray, as to the larynx for instance, he thought steam-power far preferable to that from the hand.

Dr. Rice considered the hand-bulb the most useful where a very cold spray was needed, as in cases of hemorrhage.

Dr. Field remarked, with reference to steam-atomizers, that there existed the disadvantage of having to keep a supply of alcohol on hand, and that it was necessary to frequently clean the boiler, more particularly upon the outside, in consequence of its liability to rust in consequence of exposure to various chemical vapors, to the respiration of patients, etc. These objections were not applicable to the hand instrument.

Dr. Rice referred to the fact that the source of tarnish last mentioned, namely, pulmonary exhalations, could in great measure be prevented by the employment of a face shield.

Dr. Storer said that there were still other indications of a very important character for the use of the hand rather than the steam atomizer. This was the case in the disinfection of rooms or hospital wards, for which the most perfect method probably as yet devised was the atomization of a solution of carbolic acid.

Dr. Sullivan inquired as to the relative value for disinfecting purposes of carbolic acid and permanganate of potash.

Dr. Rice thought there could be no doubt of the destructive influence of carbolic acid upon organic germs.

Dr. Field claimed the same effect for permanganate of potash.

Dr. Sullivan spoke of the stench of carbolic acid being strongly objected to by a commission of the French government, appointed to consider the subject of disinfecting ships' holds.

Dr. Storer thought the objection an over-fastidious one in comparison with the odor of bilge-water. Long before carbolic acid was as well known as at present, he had instituted a series of experiments upon quite an extended scale, at his farm in Milton, with reference to the comparative value of disinfectants, and had found coal tar by far the most effective. It would be recollected, moreover, that this agent but a few years ago was much lauded for the dressing of suppurating wounds. He had lately had occasion, with Dr. Sullivan, to discuss the subject on board the U. S. Monitor "Terror," then lying at Norfolk, Va., and about sailing for the West Indies. It was of course a matter of great interest to the officers of the ship, Capt. Ransom and Surgeon

Scofield, to take every precaution possible for the health of the crew in the Gulf climate during the summer months, and the submarine quarters of an iron clad, under those circumstances, presented various problems that were new. The air can be prevented from becoming stagnant only by a powerful fan-blower. Dr. Storer had suggested that it would be of advantage to frequently apply both carbolic acid and permanganate of potash by atomization throughout every part of the ship.

Dr. Field exhibited a

FIBROUS TUMOR SPONTANEOUSLY EXPELLED,

and reported the case.

Mrs. M., aged forty; confined early in March of a living child. Uterus did not contract as usual after expulsion of placenta. No unusual hemorrhage. Was called to see patient in consultation, a week after delivery. Found a large, hard tumor, nearly filling abdominal cavity, which tumor was divided into two nearly equal parts by a deep sulcus running obliquely. Below this division, it was very painful and sensitive to touch. Learned that patient had suspected that something was wrong during latter months of her pregnancy, on account of her unusually large size. Diagnosticated fibrous tumor of uterus. Nearly a month later, was called by Dr. Morse, of Watertown, the attending physician, to see the patient again, in company with Dr. Morrill Wyman, of Cambridge. A mass, in a state of partial decomposition, was found to be protruding from the vulva, which Dr. Wyman removed by gentle traction. This was presented to the Society in the condition in which it was taken from the patient. She made a good recovery. Had had two children previously, and no

miscarriages. Had no reason to suspect any uterine trouble previous to her last conception.

Dr. Storer recalled to the members a somewhat similar case occurring in this city, some years since, in the practice of Dr. H. K. Oliver. With regard to the specimen exhibited by Dr. Field, it was now difficult to decide whether it had been a pediculated intra-uterine fibroid which had been snapped during parturition, or had subsequently sloughed away, or whether, having been originally parietal and become partially enucleated, it had thus been cast off. Had the specimen not been so disorganized before expulsion, an examination of its envelope and interior structure would quickly have settled the question. Under other circumstances than those of a labor, the possibility of an apparent fibroid thus expelled being in reality of fœtal origin should be borne in mind. It would be recollected that he had reported an instance of the kind referred to, at a previous meeting.*

Dr. Bixby reported the following case of

EXPLORATORY ABDOMINAL SECTION.

Miss ——, of New York, a tall, fine looking blonde, consulted Dr. H. R. Storer in January, 1870, for a tumor of the abdomen. She had been previously under the charge of Dr. Robeson, of Wooster, Ohio, who, though not fully satisfied as to the nature of the tumor, was inclined to hope that it might be a multilocular cyst of the ovary. Desiring to give his patient every possible chance, he advised her to consult Dr. Storer. Later she had seen a physician of New York State, who endeavored to dissuade her from going East, assuring her

* This Journal, June, 1870, p. 332.

that, if there was any operation required, it could be performed just as well there. She thought otherwise, and came to Boston.

Jan. 17th, the patient entered St. Francis' Hospital. She is twenty-five years old; of light complexion, with a decidedly sallow tinge. Her mother is still living, but is suffering from an obscure difficulty located in the abdomen. The patient menstruated at twelve, and up to her fifteenth year the menses were always very profuse. The next two years they were entirely absent. At seventeen they returned; were scanty, and attended with severe dysmenorrhœa. Three years since, she noticed a swelling in the abdomen immediately above the pubes, and a little to the right of the median line. At present, menstruation is regular as to time, but is scanty, necessitating seldom more than three napkins; there is no leucorrhœa. She suffers frequently from dyspepsia, and there is always a tendency to constipation. The urine is habitually scanty.

Upon inspection, the abdomen presents a swelling about the size of pregnancy at six months. Palpation imparts the sense of a firm, distinct, irregular, nearly, if not quite, immovable tumor. The uterine cavity measures two and a half inches. The organ is fixed in the pelvis. Auscultation and percussion establish a healthy condition of the heart and lungs; the liver and spleen seem slightly enlarged. After due consideration, Dr. Storer, with some mental reservation, pronounced the case one of fibrous, probably pediculated, tumor of the uterus. The mental reservation was based upon the following points, namely: The possibility of its being a Wolffian cyst of the broad ligament, or a solid multilocular cyst of the ovary, and the absence of menorrhagia. For the present at least, considering the general good condition of the patient, notwithstanding her

most earnest desire for an operation, Dr. Storer decided against it.

Two weeks later, Dr. Storer entertaining still some doubts as to the diagnosis, and desiring to give his patient every possible advantage, examined her under chloroform, in company with Dr. Warner, and Dr. Storer, senior. By the sound introduced into the uterine cavity, that organ could now be swung around into the left iliac fossa. This, together with other considerations, disposed him to advise an exploratory section. Fully determined to submit to any operation which might offer the least chance for relief, and nervous and impatient at the necessary delay, the patient cheerfully gave her assent.

Feb. 2d, there being present Drs. Winslow Lewis, President of the Gynæcological Society; Carl Both, of Boston; Marsters, of Somerville; Weston, of E. Cambridge, and Warner and Bixby, of Boston, the section was made. The patient, having been placed upon Dr. Crosby's invalid bed, was examined for false teeth, then slowly placed under the influence of chloroform. When completely anæsthetized, the urine was drawn. Dr. Storer now proceeded to make an incision three inches long, at a point, according to his custom, a little to the left of the linea alba, and midway between the pubes and umbilicus. Each layer of tissue having been carefully divided upon a director, there presented a dark red mass, which digital exploration established to be a fibrous tumor of the uterus, whose attachment, on account of its size, it was not possible to ascertain, until the abdominal incision had been enlarged to double its original length. It was now quite accessible, and the tumor was found to spring from the junction of the lower two thirds with the upper one third of the uterus posteriorly, throwing that organ forward. The condi-

tion of the parts was carefully examined into by all the gentlemen present, and it was decided that removal of the tumor, owing to its intimate connection with the uterus, would probably involve that of the whole organ. Considering the slow progress of its growth and the absence of menorrhagia, the two symptoms of all others whose presence would warrant an operation so serious as the above, Dr. S. decided to close the wound without further interference. Its edges were therefore carefully brought together with ten silver sutures, all of which involved the peritoneum, and by superficial ones which included only the skin. Wide strips of adhesive plaster were now passed entirely around the body, from the epigastrium to a point below the anterior superior spinous processes of the ilium. The patient rallied very soon from the anæsthesia, in a most restless condition; later there developed a sensation of nausea, or, as the patient expressed it, a load at the pit of the stomach. This feeling, after carefully observing it in the cases of several patients after abdominal sections, and comparing it with the nausea of pregnancy, and of sea-sickness, I attribute, partially at least, to the mechanical pressure of the left lobe of the liver, in a state of congestive engorgement. This most unpleasant symptom yielded as by magic to the use of large hot poultices applied to the region of the liver and epigastrium, and frequently renewed. The extreme nervous condition was treated by the use of fluid ext. of valerian by enema, and the bromide of potassium by mouth.

From this time, the case progressed without an unfavorable symptom. On the eighth day, the stitches were removed, the wound having healed, excepting at its lower extremity, which finally closed under proper treatment. The patient left for her home, Feb. 26th, as well as when she came.

Dr. Storer referred to the peculiar displacement of the uterus, produced by the development of a large fibroid proceeding from its posterior aspect. In this respect the case just reported was almost precisely identical with that existing in another of his abdominal sections, reported at a previous meeting of the Society,* where he had removed an immense pediculated fibroid. It would be noticed that in the present instance he had been compelled to leave a large quantity of coagula in the bottom of the pelvis, the pressure of the tumor upon the ilia being so great as to prevent even the introduction of a sponge probang between them. This gave rise, however, but to little subsequent inconvenience.

Dr. Storer reported another instance of exploratory section he had lately made, the case proving one of

RENAL TUMOR.

The notes of the case, as drawn by Dr. Sullivan, were as follows: —

Miss ——, American, aged thirty-one, bilious temperament, spare habit of body, and average weight ninety-two pounds; health uniformly good, with the exception of periodical sick headaches of severe character. Last April, her physician, Dr. Cogley, of Madison, Ind., discovered the existence of a tumor situated in the left hypochondrium and descending below the umbilical region. This tumor was diagnosticated, with some mental reservation, as probably ovarian, and the patient advised to consult Dr. H. R. Storer with reference to an operation for its removal. Accordingly she left her residence in Indiana, came to this city, and placed herself under Dr. Storer's care. The case was first exam-

* This Journal, October, 1869, p. 203.

ined by Dr. D. H. Storer, and then in consultation with Dr. Storer, Jr., and Dr. Warner, and an enlargement of the left kidney diagnosticated.

The patient being desirous of having the question of possible relief absolutely decided, an exploratory abdominal section was made by Dr. H. R. Storer, there being present Drs. Storer, Sen., Warner, and Sullivan. The patient being put under the influence of chloroform, the correctness of the diagnosis was made evident, the tumor proving to be the left kidney, very much enlarged, a portion of it softer than the rest and evidently containing fluid of some sort. The question of puncturing and evacuating the contents from within the peritoneal cavity was unanimously decided in the negative, it being thought unadvisable to submit the patient to the additional risk of an attack of peritonitis. It was, however, proposed to tap from without after the patient became a little stronger. The progress of the case, however, showed that to have done this at once might possibly have proved the wiser course. For more than a week the patient, who had rallied without difficulty from the immediate effects of the operation, seemed to be quite rapidly improving, when she was attacked with very severe pain in the abdomen, accompanied with nausea, vomiting, and tympany. This attack, which was clearly to be attributed to the imprudent eating of an apple, gradually subsided under the use of anodynes and the application of iodine to the abdomen. A week later a similar attack set in, not traceable to the use of improper food. Pus began to be discharged through the wound in the abdomen, which was not yet fully healed, and a diminution in the size of the tumor disclosed the fact that the softer portion had probably burst and discharged its contents into the abdominal cavity, giving rise to peritoneal inflammation, nausea, distress, and

emaciation. Later, the patient's condition appearing precarious, it was thought proper to puncture the kidney with an exploring needle, and determine the nature of its contents. The needle was passed into the lumbar region, about an inch from the vertebral column, the existence of a purulent deposit ascertained, and an effort made to evacuate it by suction. This method failing, in consequence of the thick, putty-like consistence of the deposit, a large trocar was introduced, and a considerable quantity of a semi-fluid matter forced out by firmly compressing the tumor. Specimens of this were preserved and exhibited to the Society. On submitting it to microscopical examination it was found to have undergone fatty degeneration and to contain very few typical pus globules. After evacuating the cavity as thoroughly as possible, it was repeatedly washed out with warm water. The canula was left in situ for several days, when, the discharge having nearly ceased, it was removed. It soon became evident that a fresh collection of pus was accumulating and emptying itself, in part, at least, into the abdomen. As a last resort, therefore, a seton was introduced at the point where the exploring needle had originally entered, carried through the tumor, and brought out through the abdominal wall. Since this last operation, there had been a free discharge of thin, purulent fluid through the channel opened by the seton. The patient's strength and flesh were gradually wasting; she had become jaundiced, and her whole appearance indicated that death from septicæmia might be expected within a very short time. No pus was discharged with the urine.

The preceding case, Dr. Storer remarked, was, in the external aspect of the abdomen, not very unlike one

in which he had made an exploratory section a year or two ago at South Boston.*

The Secretary read an instructive paper by Prof. F. M. Robertson, of Charleston, S. C., upon the

TREATMENT OF HEMORRHAGE AFTER ABORTION BY THE LOCAL APPLICATION OF PERSULPHATE OF IRON.

[Prof. Robertson's paper was published in this Journal for September, 1870.]

Dr. Warner, after commenting upon the excellence of Dr. Robertson's suggestions, remarked that they were calculated to do much good in this neighborhood, where the subject of post-partum hemorrhage and its treatment was at present of so much interest.

Dr. Field alluded to a recent report upon the intra-uterine treatment of puerperal metrorrhagia, republished in the "Lancet" from the Transactions of the Obstetrical Society of London.

Dr. Sullivan reported a case where he had packed the interior of a bleeding uterus with sponge saturated with Maunsell's styptic, with benefit.

Dr. Storer called attention to the fact that practitioners differed concerning the respective hemostatic properties of the persulphate and perchloride of iron. He himself very much preferred the former, as less irritating.

Drs. Warner, Rice, and Sullivan were each satisfied of the correctness of this opinion.

Dr. Stubbs related cases where he had controlled very severe hemorrhage by the use of the persulphate.

Dr. Sullivan thought that nothing could equal it for many forms of hemorrhage, epistaxis for instance. He

* This Journal, July, 1869, p. 28.

had found it, moreover, of great benefit in the treatment of languid ulcers.

Dr. Armstrong reported a case of congenital bronchocele in a female fœtus, where the tumor was of a larger size than the whole child from which it sprang. The mother and grandmother both had goitre.

Dr. Warner was reminded in this connection of an instance of that rare affection,

EXOPHTHALMIC GOITRE,

or Basedow's disease, which he had lately attended with Dr. Storer. The young lady had been sent to Dr. S. from Buffalo, N. Y., by Prof. Rochester, of that city, a year since. At that time the tumor was quite large, and the usual pathognomonic symptoms were present, — prominence of the eyeballs, irritability of temper, exaggeration of the heart's action, etc. Previous to her coming to Boston, iodine had been resorted to, both externally and internally, but in vain. A complete recovery, however, seemed to have been made under the prolonged use of digitalin in doses of an eightieth of a grain, accompanied by tonics and horseback exercise.

Dr. Storer desired the opinion of the Society regarding a medico-legal case lately presented to him for an opinion, it being one, he thought, of undoubted

REFLEX INSANITY.

"Upon the following facts," he was asked, "would you judge a woman to be legally accountable?

"My client, a lady, a long sufferer from falling of the womb, found, three years ago this spring, her husband engaged in a criminal intrigue with a woman. Shocked, unable to eat or sleep, she goes again and again to this

woman, and implores her to no longer receive her husband. No avail. The woman mocks her. Believing, then, that this woman had acquired such power over her husband as that when he was away she had but to will and he would come, and that she meant to exercise such power, she removes to ———, N. H., and carefully conceals that she and her husband are there.

"Her letters are directed to her there, under an assumed name, that the woman may not discover their whereabouts.

"Now become sad, she who was always cheerful, talks of nothing but her wrongs. She feels that this woman is always on her husband's track, and her sole aim is now to bring suits against her, expose her real character, and thus shame her husband into abandoning the liaison (which I do not doubt did exist at first). She does bring the suits in Oct., 1868, and devotes herself to nought but them, neglecting her family and distressing her friends. The momentary absence of her husband for half an hour in the evening immediately and always raises in her mind a belief that the woman has come to ——, and that he is with her. (False! The woman has never, since the husband left ———, seen him, or been in his first home.) She cautions her children to tell their names to no one who is a stranger, to ride with no one, lest the woman abduct them. At one time she imagines the woman has sent her husband money, which is buried in the yard, and nought will pacify her but her mother making search, who finds none. In the night she would wake up and say, the woman has come to ———, and persuades her mother to go to the hotels and see if she had come; of course she had not.

"The suits are delayed. She, imagining that the woman is very wealthy (not so), and had bribed her

lawyers, resolved to bring on the exposure by taking this woman's life. The Sickles case, and McFarland case, have made a strong impression on her mind. She waylays and shoots at the woman; does not kill her. Gives herself up calmly to the officers, saying that now she could get a trial, and get that woman exposed.

"Upon these facts, would you say that the woman is legally responsible?"

Answered by Dr. S., "Not legally responsible."

Several gentlemen expressed themselves concerning the case above reported; the opinion of each being that criminal responsibility did not exist.

The Secretary stated that the instructions of the Society, concerning certain measures to be brought before the American Medical Association at Washington, had been fulfilled to the letter.

1. A resolution was introduced in behalf of the Society, "that the vote of the Association at New Orleans, concerning the cards of specialists in journals of a strictly medical character be rescinded." This motion, after much discussion, was laid upon the table.

2. The following preamble and resolutions were passed by the Association, after an ineffectual attempt, by a delegate from Pennsylvania, to refer them to the Teachers' Convention.

"*Whereas*, a memorial from the Gynæcological Society of Boston, was presented to the Association at its meeting at New Orleans, in 1869, setting forth that a circular was to be sent, in the name of the Society, to the faculties of the several medical colleges in the United States, calling attention to the scientific and practical importance of the diseases of women, as regards their frequency, causation, effects, and curability; the neglect that they have thus far experienced at the hands of the

profession, and the reasons therefor, and the great need of a change in this particular; and requesting their assistance towards this end, by the establishment in every instance of a separate chair or lectureship of Gynæcology, as distinguished from Obstetrics or Midwifery; and praying that in furtherance of the objects of the circular, it might receive the formal approval of the Association;

"*And whereas*, in consequence of the absence of representatives of the Gynæcological Society at the meeting at New Orleans, the consideration of the subject was then postponed; therefore,

"*Resolved*, that the Association views with approval the suggestions made by the Gynæcological Society of Boston, with reference to collegiate instruction upon the diseases of women, and recommends to the schools their general adoption."*

3. The telegram from the Society, relative to its decision with reference to the claims of Dr. Horace Wells,† was laid before the Association. The whole subject was referred to the Section upon Practical Medicine and Obstetrics, and was discussed through nearly an entire session, after which, in open meeting of the Association, it was resolved "that the honor of the discovery of practical anæsthesia is due to the late Dr. Horace Wells, of Connecticut."‡ And

4. A formal memorial, signed in behalf of the Society by its President and Secretary, was presented to the Association, charging upon the Massachusetts Medical Society an odious distinction between the candidates presenting themselves for admission to membership, in that the graduates of Harvard College were admitted

* Transactions of the American Medical Association, Philadelphia, 1870, vol. xxi. p. 64.
† See this Journal, November, 1870, p. 281.
‡ Transactions of the American Medical Association, 1870, p. 63.

upon mere presentation of their diplomas, while the graduates of all other schools were subjected to a stringent examination; and charging, moreover, as a result of this unwarrantable distinction, that the said Society admitted to, and permitted in, full membership notorious and acknowledged charlatans. Upon the filing of this complaint, and in accordance with the custom of the Association, the credentials of delegates from the Massachusetts Medical Society in similar instances were not received until the case had been adjudged. The memorial was of course referred to the Committee upon Ethics, which reported that so far as concerned the conspiracy between the Massachusetts Medical Society and Harvard College, the exposure that had been made ought to be sufficient to check the abuse; and that regarding the harboring of irregular practitioners, unless this were at once done away with, the Massachusetts Medical Society should no longer be entitled to representation in the Association.

Gentlemen were aware that the Massachusetts Medical Society, at its late Annual Meeting, upon May 25, had taken the only alternative now left to it, and had endeavored to obey the command of the Association.* All irregular practitioners had been declared expelled from the Society, and the Councillors had been instructed, by an unmistakable vote, to cancel the iniquitous arrangement in favor of Harvard College. These great reforms were in direct consequence of the action of the Gynæcological Society. To complete the first of them could no longer be evaded by the Councillors of the State Society. Whether or not they would be inclined to obey the voice of their constituents in regard to the second of them, or in some way to try to escape the

* See this Journal, July, 1870, p. 62.

issue, remained to be seen. There could be no doubt, however, that the American Medical Association having asserted, would now maintain its authority.

The Report by the Secretary of the doings at Washington, in behalf of the Society, was accepted, and the thanks of the Society were voted to him for having so faithfully carried out its wishes.

The Secretary read a letter from Dr. James E. Shellenberger, of Covington, Miami Co., Ohio, relative to the importance of the Society's discussing, more fully than it had yet done, the treatment of acute and chronic endometritis.

Dr. Warner remarked that he thought every member would agree with the gentleman regarding the importance of a knowledge of the uterine inflammations, but so much of value had already appeared in the Society's Journal upon this subject, that the request reminded him of the juryman in a western court, who, after all the pleas at a trial had been made, asked the judge to inform him of the meaning of the terms plaintiff and defendant, of which he had just heard so much.

The Secretary read the correspondence he had had with the Rev. James B. Dunn, of Boston, relative to the Simpson memorial sermon that he had been requested to preach by vote of the Society.*

The Secretary read a letter from Dr. J. B. S. Jackson, of Boston, an Honorary Member, and a member of the Medical Faculty of Harvard College, desiring to sever his connection with the Society, and was directed to obtain from Dr. Jackson the reasons for his extraordinary request.

A letter from Dr. John S. H. Fogg, of South Boston, stating his desire to become an Active Member of the

* See this Journal, August, 1870, p. 120.

Society, was read and referred to the Committee upon Membership.

Upon motion of Dr. Sullivan, it was voted that a sufficiency of jars and alcohol be purchased for the proper preservation of the large quantity of morbid specimens already possessed by the Society.

It was also voted to print a new edition of the Constitution and By-laws for the use of distant members, the first having been exhausted.

Adjourned.

THIRTY-SIXTH REGULAR MEETING, JUNE 21, 1870.

The thirty-sixth regular meeting of the Society was held at Hotel Pelham, on the evening of June 21st, 1870; Dr. Warner, in the absence of the President, occupying the chair. Present, Drs. Warner, Field, Sullivan, Weston, Martin, Bixby, Wheeler, and H. R. Storer; Dr. J. B. Walker, of Thomaston, Me., Corresponding Member; and, by invitation, Drs. W. W. Dow, of Somerville, and E. N. Whittier, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters, in acceptance of their election to the Society as Corresponding Members, from Drs. L. Lehmann, of Amsterdam; Domenico Peruzzi, of Ravenna; Louis Neugebauer, of Warsaw; and Mr. James R. Lane, of London; and one from Drs. Henry Gerris and W. S. Playfair, Honorary Secretaries of the Obstetrical Society of London, announcing the completion of the system of exchange that they had desired to effect between the two societies.

The following donations to the library were announced: from Prof. Neugebauer, of Warsaw, their

author, the Annual Report of the Trinity Hospital in Poland, for 1855; A New Method of Making the Deep Sutures in Perineo- and Episio-raphy; Successful Galvano-caustic Extirpation of an Abdominal Sarcoma during Pregnancy; Observations upon Sarcoma of the Labia Pudendi; Removal of an Enucleating Uterine Myoma; Spontaneous Fœtal Evolution; Habitual Transverse Fœtal Position from Uterine Deformity; Surgical Report of the Holy-Ghost Hospital at Warsaw, for 1862–66; Observations upon Vaginal Atresia; Examination of Cysts by the Magnesium Light; Ovariotomy; Gyniatrical Reports of the Holy-Ghost Hospital for 1867 and 1868; Hyster-ovariotomy; and Unilateral Hæmatometra from Atresia of a Single Corner of a Duplex Uterus; and from Mr. Lane, of London, his paper on the Prevention of Contagious Venereal Disease; one upon Prostitution, by Dr. John Chapman; the Third Report of the Association for Promoting the Extension of the Contagious Diseases Act; the Report of the same Association upon the Extent of Venereal Disease; the Report of a Sub-Committee of the same Association; and the Report upon a similar topic, of a Committee of the Harveian Medical Society, of London.

The Secretary exhibited, on behalf of Dr. Newman, of New York, specimens of his

IMPROVED ATOMIZER,

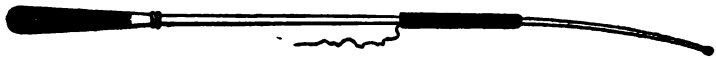
answering other indications than those described at the previous meeting.

Dr. Storer exhibited to the Society his

IMPROVED SEA-TANGLE TENT FOR EXTREME FLEXIONS.

The tent is bored out on a lathe sufficiently to allow it to glide up on the ordinary-sized uterine sound with

small probe point. In cases of extreme flexion, complicated or not with interstitial fibroid deposit, where it has



hitherto been difficult or impossible to introduce a sponge tent or sea-tangle beyond the inner sphincter, it will be found that the hollow tent will easily pass in the manner above indicated. Its use was illustrated by the following case, which had occurred since the last meeting of the Society: —

Mrs. F., from Essex Co., had for a long time suffered from profuse metrorrhagia. There was present functional hepatic derangement, but not of a character sufficient to fully explain the uterine flow. She was admitted into St. Francis' Hospital, and attended by Drs. Warner and Sullivan, conjointly with Dr. Storer. Upon endeavoring to dilate the cervical canal, the ordinary tents of sponge and laminaria failed to open beyond the inner sphincter, in consequence of an obstinate flexion backward, and this though they were kept in place by vaginal packing, and though their use was preceded by that of metallic bougies and the uterus straightened as far as possible by digital pressure posterior to the cervix. It then occurred to Dr. Storer that a hollow tent might be made to slide over a sound that had been previously introduced, upon the principle of the tube in sinking artesian wells. Upon soaking a laminaria tent until it admitted a sound through its central aperture, it was found to pass along the sound into the uterine cavity without the slightest difficulty. The true charac-

ter of the case, cancer of the fundus uteri, the neck being unaffected, was thus at once made out.

Dr. Sullivan had subsequently repeated the procedure in another case, where he had failed to pass the tent by the ordinary method, with perfect success.

Dr. Warner considered the matter of much importance. He had no doubt that in many instances physicians imagined they had explored the uterine cavity, when in reality their tents had not dilated above the inner sphincter. He had seen cases where this mistake had been made.

Dr. Field had lately attended a lady, where, from excessive irritability of the parts, he had found it impossible to introduce a tent. The insertion for twenty-four hours of a vaginal suppository containing a little alum, enabled him to proceed to the dilatation without further trouble.

Dr. Wheeler exhibited a remarkable specimen of

OVARIAN DERMOID TUMOR CONTAINING WOOL,

and reported the case.

At the request of Dr. Mitchell, he had made an autopsy upon the body of a colored woman, aged eighty-two, who died of hepatic disease complicated with ascites, etc.

After evacuating the serum from the cavity of the abdomen there was found atrophy of the body of the uterus, with occlusion of the os. There were also two fibroid tumors as large as duck's eggs situated upon the fundus. There was on the left side an ovarian cyst the size of a large orange; this was filled with a lardaceous material, with two fine rolls of black wool about the size of almonds.

In these cystic growths there are often found various substances, such as bone, cartilage, teeth, hair, and nails.

In the present instance nature, true to herself and to the colored race, put in wool.

Dr. Sullivan exhibited a

LARGE FIBROUS FALLOPIAN TUMOR, REMOVED BY ABDOMINAL SECTION.

The patient, a lady from South Boston, aged forty-seven, had for some nine years been carrying an abdominal tumor. She had had two children, and was past the climacteric. The abdomen had attained a very large size, and much inconvenience had of late been experienced both from the weight and pressure. She had been under medical supervision during the greater portion of the time since the tumor was first noticed, but had been strongly advised against an operation. On the 28th of April, she consulted Dr. H. R. Storer, who, on account of the obscurity of the case, deferred expressing a decided opinion. After repeated consultations subsequently with Dr. Warner, Dr. Storer determined to make an exploratory section.

The patient accordingly entered St. Francis' Hospital, at Somerville.

At this time there was evidently a large quantity of free ascitic fluid in the cavity of the abdomen, there being not merely a bilateral wave of fluctuation, with bulging in the flanks, when upon the back, with flattening upon a change of position, but fluctuation and swelling in Douglas' fossa, connected with that above. In addition, there could be felt a large, irregular, hard mass filling the whole anterior portion of the abdomen, giving the sensation of lobulations, or of a cluster of outgrowths from some central point.

The section was made by Dr. Storer, on June 18. Upon opening the abdominal wall, and enlarging the

wound, it was found that the tumor was shield-shaped, or rather like the shell of a turtle, with its convexity

towards the umbilicus, and its curved margins clasping around the vertebral column. It was cartilaginous in consistence and attached mainly to the fimbriated extremity of the left Fallopian tube, very slightly to the right, and by a few threads of lymph to the omentum. The attachment to the left tube was well marked and with large vessels. The weight of the tumor was eighteen pounds, while that of the ascitic fluid was fifty pounds.

The patient rallied easily from the chloroform, and was so far doing well.

Dr. Storer remarked upon the extraordinary shape of the tumor, and the very unusual site from which it sprang. Before making the section, he had been satisfied that it was probably neither uterine nor ovarian, but as to what it actually would prove he had not ventured to commit himself. To palpation, there was much of the feel that would be given by a large extra-uterine fœtus floating about in ascitic fluid. The same impression had been given to gentlemen who had examined the patient with him, Dr. Gibbs, of South Carolina, and others. It had seemed almost borne out when the exploratory section was first made, and the point of attachment of the tumor discovered. He should not have been surprised, previous to the operation, had

the tumor been found to be a scirrhous or calcareous degeneration of the omentum.

The case suggested another interesting question:

WHAT SHOULD CONSTITUTE AN EXPLORATORY SECTION?

Here, an incision of two or three inches in length had thrown no light whatever upon the character or attachments of the tumor. It had been necessary, as in other instances that he had reported to the Society, to very materially extend the incision before an opinion could be made.

Dr. Sullivan considered the operation that had just been reported, and this whether the patient ultimately survived or not, a fresh triumph of surgery. In such a case the sufferer would by most men have been left to die unrelieved, and the tumor subsequently have been seized upon with avidity by pathologists.

Dr. Field believed that it was indeed a triumph to present as a specimen from a living subject what has hitherto only been seen at autopsies; and thus to render such morbid growths of even more intense interest in their therapeutical than in their pathological relations.

Dr. Warner alluded to the fact that it would have been impossible in this case to have drawn off by abdominal paracentesis any large proportion of the ascitic fluid that was present.

Dr. Wheeler asked if it could not have been done by vaginal tapping.

Dr. Storer replied that there were always objections to puncturing or incising the peritoneum through the vaginal roof, unless it were absolutely necessary. In ascites there was not so great risk of hemorrhage, practically uncontrollable, as in the operation of empty-

ing an ovarian cyst from below, so lauded by Dr. Noeggerath, of New York, under the name of ovariocentesis vaginæ. There was always considerable risk of peritonitis, from the fact that the vaginal wound showed less readiness to close than an abdominal opening. There might be a better chance for a permanent drain, but there was greater risk of the entrance of air, as those would recognize who had ever studied respiration during any operation requiring vaginal opening of the peritoneal cavity.

Dr. Sullivan thought that the only possibility of drawing off the fluid in this case, previous to removal of the tumor, would have been by an abdominal section.

Dr. Storer pointed out the risk of puncturing the tumor during paracentesis, where so small a space existed between itself and the abdominal wall, and reminded those who had been present at the operation, of its excessive vascularity, as evidence, when he had accidentally scratched its surface. There was another point, of a good deal of surgical interest, and that was the violent reflex expulsive action of the abdominal walls, that was set up during the passage of the tumor through their cleft, and this, although the patient was profoundly under the influence of chloroform.

Dr. Sullivan alluded, as interesting in its diagnostic relations, to the healthy facial aspect of the patient, very different from what usually obtains in ovarian or cancerous cases. In this respect there was a similarity to what is often seen in cases of fibrous tumor.

Dr. Blake thought that the slow growth of the tumor had so far afforded presumptive evidence against its being of ovarian origin.

Dr. Storer considered it difficult to exactly date the commencement of these outgrowths. On the one hand, tumors were often only discovered by accident,

and after they had attained a large size, and, on the other, an ascitic condition might precede for a very considerable period the development of an outgrowth. The same was true of the not unfrequent complication of ovaritis with inflammation of the surrounding cellular tissue. Either might precede the other. In each instance the question of priority might be very difficult to solve. He related an illustrative case, where, during many months of pelvic cellulitis, he had been unable to be sure of the presence of an ovarian tumor, previously diagnosticated by Dr. Warner, and which subsequently became very evident as the inflammatory deposit about it became more and more absorbed.

Dr. Sullivan bore witness to Dr. Warner's great skill in diagnosis. He had not long since seen with him, at St. Elizabeth's Hospital, an ovarian case, pronounced such by Dr. W., but in which he could not distinguish the tumor. Rupture into the vagina several days afterwards and the discharge of several quarts of fluid settled the diagnosis. In this case there was the obscuring feature of extreme abdominal tympany. The fluid was stained by blood, yet was evidently not ascitic.

Dr. Warner considered that the presence of tympany afforded one of the greatest difficulties in abdominal diagnosis.

Dr. Wheeler wished to know whether such a fluid as had been described was often found in ovarian cysts.

Dr. Storer stated that the variety of fluids thus found, was, in different cases, almost infinite. The symptoms in the case reported by Dr. Sullivan were neither those of ascites or intra-peritoneal hematocele, while the very large quantity discharged militated against the extra-peritoneal variety of hemorrhagic effusion, and seemed to necessitate an ovarian cyst, which had, by adhesion

and subsequent ulceration, discharged itself through the vaginal roof.

The importance of

TYMPANY AS AN OBSCURING ELEMENT IN DIAGNOSIS

had not, he thought, been sufficiently appreciated. Certain forms of it would not disappear under anæsthesia, thereby differing from what obtained in the so-called spurious pregnancy, in which at the time of abdominal flattening there was no escape upwards or downwards of flatus; the latter point being proved by a rectal bougie, the extremity of which was placed under water, that any escaping air-bubbles might become manifest. Whether in these cases there could occur instantaneous evolution and re-absorption of gas, was a question that had puzzled many thoughtful practitioners. An hysterical spasm of the abdominal parietes had been considered sufficient by some to explain the pseudo-tympany.

Dr. Blake had supposed that tympany necessitated the presence of flatus in the intestine.

Dr. Sullivan thought not. He had repeatedly found gas in the abdominal cavity external to the intestine.

So had Dr. Martin, who was of the opinion that in certain cases of peritonitis, gas is generated within the peritoneal cavity, external to the intestine, during life. He considered this evidenced by the perfectly equable and uniform contour of the abdomen, very different from what existed where there were coils of distended intestine, as seen in lead colic, etc.

Dr. Sullivan reported a case where, upon puncturing the abdomen immediately after death, there was a great escape of gas, although there was no wound of the intestine, and there had been no perforation by ulceration.

Here the condition could not have been owing to decomposition.

Dr. Blake thought that, in any given case, the question could be settled during life by puncturing the abdominal wall by a very small trocar, though, unless great care were used, there would be risk of wounding intestine. He did not see how there could be any cause for extra-intestinal flatus during life, as decomposition would be absent.

Dr. Warner thought it impossible to settle the diagnosis in this manner without wounding the intestine, if this were largely distended.

Dr. Sullivan furthermore stated that in the case he had reported, Dr. Storer, sen., in consultation, had pronounced the gas to be in the intestinal cavity, as it had proved, while Dr. Calvin Ellis had been certain that it was within the intestine, and upon this supposition had ordered carminatives.

Dr. Martin commented upon the utter uselessness of carminatives in such cases.

Dr. Wheeler suggested that the condition referred to might be owing to the well-known rapid permeability of animal membrane by gases. This was evident enough after death. Might it not occur as readily during life?

Dr. Sullivan considered that, even if this were true, it would be very interesting to know where the gas originated in any given case. If within the large intestine, it ought to escape through a hollow rectal bougie when such was employed.

Dr. Martin considered this no argument. It was by no means the case that gas was always moved onwards by the peristaltic motion of the intestine.

Dr. Warner remarked that it had been his impression that the tympany observed in peritonitis was often from

the presence of gas in the peritoneal cavity, and that it therefore could not be discharged per anum.

Dr. Wheeler reminded the members that tympany was not infrequent in dysentery, etc., where the intestinal movements were very frequent.

Dr. Martin observed that these cases were often complicated with enteritis, and at times presented no tympany.

Dr. Storer stated that there was an important therapeutic question dependent upon whether Dr. Wheeler's theory were true or not. An exploratory incision would seem to be attended by less risk of injuring the intestines than puncture. After some abdominal operations it was easy, by untwisting a wire or two, to allow any gas to escape from the wound, just as was done with the fluid contents of the abdomen in some cases of peritonitis or secondary hemorrhage. It would be found of great prophylactic advantage, as he had more than once stated to the Society, to precede an operation by the use of ox-gall, which was well known to cleanse the intestines of scybalous masses and thereby to lessen the likelihood of excessive gaseous evolution from their decomposition.

Dr. Sullivan considered peritoneal gas as usually the result of toxæmia.

Dr. Warner pointed out the benefit of turpentine, especially in emulsion, in these cases. Tympany was often relieved by copious draughts of warm water.

Dr. Martin related a case of

CERVICAL RENT CURED BY STITCHING DURING PREGNANCY.

The patient proved to have been a fortnight or so pregnant; miscarriage was not induced. She went her full time, and was happily delivered.

The Secretary read the following, concerning

THE REPRESSION OF CRIMINAL ABORTION,

from a letter dated June 16, and addressed to him by one of the leading physicians of the city of Lynn: —

"I hope the Gynæcological Society will not fail to take immediate and decided action in regard to the 'Lynn Abortionist.' The prosecuting officers of the Commonwealth complain that public sentiment is against them in their efforts to procure the conviction of this class of criminals, and in a measure they are right, although their own timidity makes the matter seem worse than it is. The Society has it in its power to create, or control, public sentiment by bold action in a case like this. If it leads the van bravely in the good fight, scores will join its ranks who now stand aloof from sheer cowardice, — men whose consciences have long tormented them for their culpable inaction. Come out in the way that may seem best to you, but *come out by all means, and that at once.*"

Dr. Storer reminded gentlemen that many years ago he had urged upon the Massachusetts Medical Society to cease its notorious harborage of habitual abortionists. He had been met by the allegation that to do so would be but to "stir a dunghill." In consequence partly of this professional and most criminal apathy, the public sentiment had become more and more blunted, until it was given as a reason by the public prosecuting officers that a jury could not be found in Boston to convict of this crime, even in the most flagrant and indisputable cases of maternal death. There were at the present meeting of the Society gentlemen who could testify to these facts: Dr. Whittier, who had zealously labored during the past year to bring some of these professional

as well as unlicensed wretches to their deserts, and Dr. Weston, a coroner in Middlesex County, and one of the members of this Society, who had lately placed evidence of the strongest character in the hands of the State constabulary, but without avail.

Dr. Martin was satisfied that the prevalent disregard of fœtal life in New England, now almost universal, had engendered a similar contempt for that of children after birth. He related a case where he had known an infant to be smothered between mattresses. In this instance he had pressed the matter to a criminal trial, and had been greatly blamed by very respectable people for so doing.

Dr. Storer had no doubt that the experience of every one familiar with police detail, or frequently consulted as a medical jurist, was to the same conclusion. Such crimes were but too frequently connived at by parties of very influential position. He related an instance in point. At one time, it happening to be known by some of the profession that he was investigating certain points connected with the legal determination of live-birth, so called, an elderly physician of this city brought to him an infant whose neck was ligated so firmly by a cotton cord that this was nearly lost to view. Upon questioning into its history, he was told that it came from one of the gentleman's families, the mistress of which could not bear to part with a servant who had been "unfortunate," and who had taken this method of relieving herself of the inconvenience of her living child. As for professional shielding of criminal abortion, it was well known that this was of daily occurrence. He understood, upon good authority, that district attorneys practically refused to prosecute abortionists. If this were true, these officials should be impeached for neglect of duty.

Dr. Whittier did not blame the district attorneys so

much for their conduct of past cases as for those still in their hands. He thought that officials should be entrusted with less power of selection, or rejection, of these cases. Too many of them were thrown out where there was a sufficiency of evidence to warrant a trial. Public opinion is undoubtedly averse to pursuing these cases, prosecuting officers and jurymen being alike liable to be in sympathy with those committing the crime. Juries in a large city, moreover, are much more readily tampered with than in the country, and witnesses more easily made away with. The law, he thought, was too stringent, abortion being made a State-prison offence for a term of years.

Dr. Martin considered this punishment none too severe, the crime being second to none.

Dr. Blake coincided in this opinion.

Dr. Martin instanced a late practitioner in Roxbury, a member of the Massachusetts Medical Society, in good standing, who for years previous to his death had devoted a large portion of his time to the procurement of abortions.

Dr. Whittier thought he was justified in saying that district attorneys threw themselves back, as a reason for neglecting these cases, upon the apathy of the medical profession.

Drs. Blake and Martin both considered such a course to be clearly a dereliction of duty, and that such attorneys, if evidence could be obtained, should be impeached.

Dr. Whittier instanced the case of a regular physician of this city, within a very few weeks arrested for the crime, who confessed his guilt, and gave as an excuse that he had several years ago attended the woman for syphilis, and that therefore he did not do wrong in destroying her offspring. Though this confession was

made, the case had been dropped. He would not like to say that a felony had thus been compounded.

Dr. Martin, as evidence of the appalling state of public opinion and the recklessness with which this crime is committed, alluded to the insignificance of the fee charged by abortionists. In the instance of the Lynn practitioner, brought to the notice of the Society at the present meeting, the heinous deed is said to have been done by him recently in this city for some five dollars! He thought it time that the Massachusetts Medical Society should be purged of the loathsome reptiles that it still harbored. There were scores in its ranks who were constantly committing the crime. Dr. M. described the peculiar nonchalance with which women apply for the procurement of abortion.

Dr. Warner thought that this was in great measure owing to the encouragement they find in obtaining what they seek from regular physicians.

Dr. Martin was of opinion that even if the Massachusetts Medical Society should endeavor to set itself right in this respect, the Councillors, judging from past events, would fail to give that endorsement which might be needed to render the action effective.

Dr. Storer thought otherwise. To rid the Society of its pests did not require the alteration of any by-law, and the Councillors, therefore, in their corporate capacity, had nothing to do with it. As to a renewal of any attempts upon their part to frustrate the expressed will of the Society at large, the admission that very day of their associate, Dr. Bixby, as a Fellow of the Society, by the Censors of Suffolk District, after his previous uncourteous rejection by them, was a sufficient answer.

Dr. Blake considered that the criminals in the Massachusetts Medical Society ought to be brought to trial,

and that the Governor of the State should be memorialized to remove any delinquent officials.

Dr. Sullivan would offer, to test the sentiment of the Society as to the best course to be pursued, the following resolutions: —

I. That the Gynæcological Society is ready to receive such evidence as may be sufficient to convict a Fellow of the Massachusetts Medical Society of criminal abortion, and to present the case and prosecute the same before the officers of that Society, with a view to his expulsion.

II. That the Society address the Governor of the State, by memorial, setting forth the failure of his prosecuting officers to take cognizance of this crime, and requesting that he direct them to perform the duties of their office, or supply their place, if he can legally do so, by more competent men.

The resolutions, after many expressions of approbation, were unanimously adopted.

The Secretary read a letter from Dr. J. B. S. Jackson, declining to give his reasons for wishing to resign his honorary connection with the Society.

Upon motion, it was therefore decided that Dr. Jackson's resignation should not be accepted.

It was voted to continue holding the meetings of the Society throughout the summer, and that the hour of meeting should be 3 P. M.

The thanks of the Society were voted to Rev. James B. Dunn for the memorial sermon in honor of Sir James Y. Simpson, of Edinburgh, preached by him at the request of the Society upon the evening of June 19, and the Secretary was directed to request the MS. for publication.*

Adjourned.

* Mr. Dunn's Memorial Sermon will be found in this Journal for August, 1870, p. 120.

THE VERY FREQUENT AND INEXCUSABLE DESTRUCTION OF FŒTAL LIFE IN ITS EARLIER STAGES BY MEDICAL MEN IN HONORABLE STANDING.

By Joseph G. Pinkham, Lynn, Mass.

[*Communicated to the Society, and read Oct. 4, 1870.*]

In conversation recently with one of our most respected physicians, I was somewhat surprised to hear him maintain certain opinions, with which I could not fully agree, but which he contended were those of the profession at large. Thinking them to be exceedingly important in a practical point of view, and desiring to ascertain if indeed they represent the ideas of other physicians, I bring them up for discussion by this Society. The following propositions express with sufficient accuracy the doctor's positions: —

I. It is impossible to determine with certainty the existence of pregnancy during the first three months.

II. In case of absence of the menses, the existence of pregnancy being doubtful, it is justifiable to give the woman the benefit of the doubt (I use his own language), if she be anxious not to have children, and to use measures to bring on her turns, as you might in suppressio mensium or amenorrhœa, namely, emmenagogues, cathartics, hot pediluvia, sitz baths, etc.

III. It is next to impossible to produce an abortion by the measures indicated. If by their means menstruation is resumed, it proves, as a rule, that pregnancy did not exist.

It is only when these propositions are considered in their relations to one another that their true significance is understood. The first paves the way for the second, by asserting that all cases of pregnancy are doubtful during the first three months. This, as a general principle, we must affirm to be correct. Nothing but the

unequivocal signs, so called, can make us absolutely sure in any case. Given a certain number of cases, say one thousand, where there is any presumptive evidence of gestation, as absence of the menses, the morning sickness, etc., it is altogether probable that it will not be present in all. A measure of doubt pertains to the whole number taken collectively, and the physician, not being able to locate it exactly where it belongs, distributes it equally among the whole number, and says all are doubtful. At the same time he bears in mind, or ought to, the fact that the doubt which in this way appertains to each particular case is so slight that it may be practically disregarded, unless important issues hang upon it. In order to make my meaning in the last sentence plain, let me suppose a case. A married woman, with no known incapacity for fecundation, and in good health, whose menses have hitherto been regular and normal in every other respect, presents herself to her physician, telling him that her turns have suddenly ceased, but that she feels no inconvenience from it, except perhaps a little nausea in the morning. The physician tells her at once that she is pregnant. What are the chances of his being in error? So small, in my opinion, that he might pursue such a course for a lifetime, and not injure his reputation. His mistakes would, I am sure, be few and far between.

But mark the second proposition. Some doubt being admitted to exist in every case, if the woman be anxious not to have children it is right to give her the benefit of the doubt, and use measures that are popularly supposed to be sufficient to cause abortion. This is rather strange argument to my understanding. The woman already has the benefit of the doubt, and you cannot deprive her of it if you would. The real meaning which underlies the proposition seems to be that it is proper

for the physician to convert the *doubt* into a *certainty* for the benefit (sic) of a woman who is anxious not to have children. The fact is apparently lost sight of that the fœtus has a life which is in every respect as sacred, if it be not as important, as that of the mother, and that physicians are in duty bound to give it the benefit of the doubt, and abstain from all measures likely to imperil its existence. If there be the slightest possible chance, says this proposition, that the absence of the menses is the result of disease, instead of conception, you may treat it as if you were sure it were disease. Were it not for the apparent candor and the known integrity of the gentleman who maintains these opinions, I should consider them but clumsy attempts to gloss over practices of an unlawful character.

To complete the sum of inconsistencies, we have proposition third, which denies the power of emmenagogues, etc., to produce abortion. What, then, is the use of giving them to a woman who is anxious not to have children? But, really, I think the idea here expressed an error. There are undoubtedly many cases in which the measures pointed out fail to have the desired effect, — perhaps they do in the large majority where they are tried; but, nevertheless, it is my fixed belief that more miscarriages are produced in this way than in all others put together. The reasons for this belief are: 1st. The very general impression that such measures are harmless and right, even on the part of those who would not dare to resort to an operation. Hundreds try these methods and stop with failure or success. 2d. The fact that many women have a strong disposition, either natural or acquired, to abort at the menstrual epoch. Their generative functions are at this time in a state of unstable equilibrium, which a very slight circumstance may disturb. The action of a cathartic, or emmenagogue,

or anything which determines blood to the pelvis, may easily cause the insecurely attached ovum to be loosened and expelled. To show how these principles are carried out in practice by my friend, I give a few of his prescriptions:—

℞. Vini Ferri ℥ vi.
Tr. Aloes.
Tr. Guaiaci (Dewees) aa ℥ ii.
Ext. Secale Cornut. Fl. ℥ i. ad ℥ ii.
Syr. Zinziberis ℥ vi.
Spts. Menth. Pip. ʒ ii.

ℳ. A tablespoonful three times a day. In connection with this a cathartic pill every night of Ext. Coloc. Comp. and Aloes, sometimes with Podophyllin and Gamboge.

The following is a succinct statement of my own views in opposition to those of the propositions:—

1st. It is impossible to determine with absolute certainty the existence of pregnancy in the early stages; but in the vast majority of cases the judicious physician can decide, with so little liability to error that the chances of error may be practically disregarded.

2d. If there be any probability, even the slightest, that pregnancy exists, the physician is not justified in using measures that may cause abortion, unless the life of the patient imperatively demands them.

3d. With many women abortion is readily induced at the menstrual period by such drugs as cathartics and emmenagogues, and by measures which determine blood to the pelvis.

I may be allowed to express the hope that members of the Society will freely and fully state their opinions, either in concurrence with, or in opposition to, my own.

EDITORIAL NOTES.

THE DUTY OF PUBLIC THANKSGIVING to Almighty God, at the season set apart by government for such glad service, bears with the same force upon individual men and classes of them as upon a people collectively. It is not merely for "general prosperity, abundant harvests, exemption from pestilence, foreign war, and civil strife,"* that we of the medical profession should thank Him, but for all the glimpses that we are permitted of that beneficent Providence that rules alike the seasons, the tides, and the beating of our hearts, and with Whom life is but death, and death the renewal of a better life.

To gynæcologists, each recurrent year now brings with it an ever-increasing and peculiar satisfaction. Old prejudices are rapidly disappearing, and converted sceptics are becoming the most faithful of friends. There is reason indeed, as we have more than once pointed out, to fear lest an undue prominence may for the time be given to this hitherto most underrated and most abused of the departments of medical science. The risk, however, may safely be taken; for extravagance in thoroughness is far less to be regretted than culpability of neglect. The great mass of the profession is awakening to treasures and responsibilities of whose existence within its hands it has till now seemed unconscious, and the seed that the press is scattering broadcast falls upon a soil, barren, perchance, for other returns, but for this everywhere virgin and fertile. There has been, there still is, resistance to the work; but for the harrow of opposition there should also be thanksgiving, for it but hastens the coming of the harvest.

* A Proclamation, by Ulysses S. Grant, President of the United States, for a Day (Nov. 24, 1870) of Public Thanksgiving and Praise.

The praise of the mightiest host is but the grouping together of its single voices, each of them weak in itself, but strong when rendered with, and to, and for all the rest. As editors of this Journal, therefore, we offer our meed of grateful thanksgiving to the Source of all that is earnest and true and good. The Journal has been laughed at here in Boston, and in every way derided; copies of it with sentences underlined are at this very moment being passed from hand to hand among its professional enemies, and shown by them to their patients. Its policy has been misstated and intentionally perverted from the reality. Ourselves have been threatened so often with personal violence, that we have learned to look for every new message of the kind with the same expectancy as does the gunner, who tells by the faint crash from the distant wall whether his shot is doing or not its work. As for the realization of such baby-threats, men know that to lay a finger upon the hand that wields this pen, would be to invite a lash of scorpions, whose every sting would be worse than that of death. We have never written anything really *bitter*, as yet, but we might, should occasion require.

We render thanksgiving that our task, thus far, has been so easy an one, and that it is now so near its end. A thing determined upon is always much more than half completed; * and of those who were our unkindest opponents there are now some battling by our side for the Right. The true questions that underlie all the local issues to which we have so often referred are becoming better and better understood. Our adversaries are assisting us in their elucidation, however unintentionally or unwillingly. Mired in their own quicksand, their frantic endeavors to escape but show more and more

* "More than half the victory is accomplished (if) the subject is no longer ignored." Boston Medical and Surgical Journal, June 19, 1870, p. 466.

plainly their treachery to us and to the profession. The present number of the Journal adds evidence upon this point to that we have already presented.

Here, too, we have cause to be thankful, that some of our chess-moves, which may have seemed unnecessary, erratic, or aimless, are beginning to be recognized as having been required for self-defence, or as made in wise prevision. We are at last receiving acknowledgments and encouragement like the following. It was written by an influential practitioner in the State of New York: —

"I confess that I was at first annoyed by the course of the Journal regarding your local issues. I now perceive that the strong, telling blows which you deal fall upon the common enemy, and my only fear is that he will be so completely annihilated that there will be no opportunity left for the exercise of Christian charity towards him!"

The influence of the Gynæcological Society, in exciting an interest in the diseases of women, and securing, in the words of its Constitution, their "due recognition both in Boston and throughout the country," is becoming very generally appreciated. There is still reason to believe, as at the outset, that the main battle-field lies here at home, — in the self-styled "hub of the universe." What has been done already is an earnest of the future. Come what may, it is evident that the old oligarchical times "of peace, and harmony, and professional unanimity," — that golden age of the tawdriest pinchbeck, — can never again, under any circumstances whatever, be restored. For this reason, girding ourselves to the completion of the good work so prosperously begun, we render, like David of old, most hearty thanks to the Preserver and Guide, without whom all human work is vain.

Who of the profession in Boston will not recognize the appropriateness, at this time and in this connection, of the 129th Psalm?

"Many a time have they fought against me from my youth up.

"Yea, many a time have they vexed me from my youth up; but they have not prevailed against me.

"The ploughers ploughed upon my back, and made long furrows.

"But the righteous Lord hath hewn the snares of the ungodly in pieces.

"Let them be even as the grass growing upon the house-tops, which withereth afore it be plucked up;

"Whereof the mower filleth not his hand, neither he that bindeth up the sheaves his bosom.

"So that they who go by say not so much as, The Lord prosper you; we wish you good luck in the name of the Lord."

LAST MONTH WE LAUGHED at the ridiculous antics that were being cut by the venerable Councillors of the Massachusetts Medical Society, in their "forgetfulness" that the curtains that have concealed their delectable doings were at last drawn aside. This month we are at more serious work again, and we address ourselves in sober earnest to the Fellows of the Society.

It will be recollected, that at Washington, last spring, it was decided by the American Medical Association, that delegates from the Massachusetts Medical Society and its component districts ought not to be received until certain violations of the Code of Ethics had been made to cease at home. By this action the Society was at once aroused to a sense of its previous remissness, and by a significant vote, at perhaps the largest meeting it had ever convened, it upheld the Association in its action

by immediately setting itself right upon the record. It severed its "illegal" concubinage with Harvard University, and it expelled upon the spot every irregular practitioner who publicly acknowledged himself as such within its ranks.

The Society has but exerted the power conferred by Section 5th of the Act of the Legislature of Massachusetts, of 1781, whereby it is provided that "The Fellows of said Society shall have power to suspend, expel, or disfranchise any Fellows of said Society." That the by-laws permit that there may be Boards of Trial, does not destroy the chartered right of the Society, of itself to purge itself when it shall see fit so to do.

These are matters of record. If men thus expelled see fit to claim defence before a Board of Trial, that is a secondary and subordinate matter, aside from the present question. The State Society has formally, and over and over again, by the yearly signatures of its delegates, bound itself to be governed by the Code of Ethics of the American Medical Association. That Code forbids membership to all publicly acknowledged irregular practitioners, and does not permit them in the bodies from which it receives representation. The men referred to are such, and they were members of the State Society. The Society has decided that they are no longer in fellowship. If they wish to return, they can only do so after examination by the Censors of the Society, and as in regular standing.

Such being the case, it will be seen that the Massachusetts Medical Society has complied, to the letter, with the requirements of the American Medical Association; and it is therefore clearly entitled to representation, the coming year, at San Francisco. The Councillors, stung to madness by the action of the So-

ciety at its Annual Meeting in May last, in this city, are endeavoring to force a false issue upon the Fellows of the Society at large. They talk of "insults," of "compulsion," and of "setting authority at nought." The only insults that have been given have been by the Councillors, — to the Fellows of the Society, and physicians throughout the land. The only compulsion that has been exerted has been that to which they themselves have very properly been subjected. The only rebels against the wise authority of the general sense of the profession have been, and are, within themselves. To vote, as they did at their meeting of October 5th, that no delegates should be sent from the State Society of Massachusetts to California next spring, was a fresh usurpation of powers that belong, gentlemen of the Society at large, to yourselves.

Therefore, we trust that every District Society in the State will see this matter in its true light, and that from each of them a full corps of delegates will be appointed from those who will pledge themselves to attend the meeting at San Francisco, and we would suggest to the President of the Society for the present year, who was elected at this important crisis in its affairs because he was thought by the Fellows to be a straightforward, manly, and independent gentleman, that he appoint the full number of delegates at large, to which the Society may be entitled, also selected from those who will pledge themselves to go, with instructions to convey to the physicians assembled from other parts of the Union, the assurance that, however careless, or otherwise at fault, she may have been in years past, MASSACHUSETTS NEVER SECEDES!

Thus would the State Society gain in the estimation of the world, and thus the slave-power here at home be completely and forever broken.

An old — fox, shall we say? — seems to have been run to earth at last. Where a skin has been so worn by the twists and turnings, the brambles and the blows of a lengthy chase, it is hardly worth the flaying.

It will be recollected that we have once or twice referred to the course that used to characterize what was then the only medical journal in New England. Under the management of a large proportion of its frequently changing editors, it was nominally in the interest of the profession, actually in that of a selfish little clique; it was nominally fair, honest, and fearless; actually unjust, tricky, and subservient to the will of Napoleon the Little, who aped the magnificent autocracy of a surgeon now in his grave; nominally an arena of the largest freedom, but, in fact, a pile of lumber, behind which cut-throats might skulk. We spoke frankly, for we had had personal experience of all these facts, and it was with no other malice than actuates a man, who, in part for the sake of his neighbors, captures and hands over to punishment a public enemy. We but referred to what by common consent must be acknowledged to have existed.

When, in July last, Dr. Francis H. Brown assumed the editorial charge of the "Boston Medical and Surgical Journal," men were told, with a brief flourish of trumpets, of the millennium that was at last at hand,* and for a week or two we were ourselves led to believe, in a good deal of astonishment, that a change had in reality taken place. Even while we were penning our hopes, however, of a purer atmosphere, there came a breath † of the old, and but too familiar, exhalations, to prove the presence still of what might infect, if not destroy, the

* Loc. citat. July 7, 1870, p. 11. † Ibid. July 14, 1870, p. 27.

new, vigorous, and promising material, from which so many had hoped so much, just implanted at the Journal office.

Does the result justify those apprehensions? Our readers shall judge for themselves.

In the Journal indicated, for the 27th of October last, there appeared what looked like, and was undoubtedly intended to be taken for, the official report of a meeting of the Councillors of the Massachusetts Medical Society;* for it was identical, in the way of heading, as to type, etc., and in its arrangement, with the official reports of similar meetings published in that Journal in former years. We have said that it was calculated to give such an impression to whoever should see it. That it did so, we have been assured by many Fellows of the State Society, who were thus imposed upon. The President of the Society himself, Dr. Fisk, of Northampton, admits as much in a letter now in our possession.

This report, as we stated last month,† while purporting to be a fair and complete resume of the doings of the Councillors, omitted, — purposely, there is reason to believe, — all reference to a very material portion of the action that was taken at the Councillors' meeting. It published to the world, as if by authority, an unjust attack by the Councillors upon the fair fame and reputation of two Fellows of the Society, and withheld a clause which even the Councillors had the manliness not to omit from their record, and which to every right-minded man carries within itself the vindication of the parties sought to be censured, namely, that it was the "opinion (of the Councillors) that the circumstance that Drs. Storer and Sullivan, in interposing (at the Meeting of the American Medical Association) the ob-

* Loc. citat. p. 166. † See this Journal, November, 1870, p. 323.

jections aforesaid, professed to act, or acted, as representatives of a Society called the Boston Gynæcological Society, constitutes no justification of the course pursued by them."

Had this wickedness been the act of the Recording Secretary of the State Society, and so of the Councillors, Dr. Charles W. Swan, he would undoubtedly receive a severe reprimand from the Fellows of the Society, and be dropped from his position, at the next Annual Meeting. We are glad, however, to believe that the guilt of the procedure does not belong to Dr. Swan.

At the meeting, upon November 1st, of the Gynæcological Society, a committee was appointed, in view of the double affront that had been offered to the Society, both in the person of its representatives and in its corporate capacity, to follow this matter up until it shall have been fully atoned for. A letter to this committee, from the editor of the "Boston Medical and Surgical Journal," is now in our hands. In it Dr. Brown confesses that the publication which purported, in the absence of evidence to the contrary, to be the official report of the meeting of the Councillors of the Massachusetts Medical Society, was nothing of the kind. It merely consisted of brief notes that had been furnished him by some nameless person who had been present at that meeting; and yet, conveying, as they did, and were evidently intended to do, a personal attack of the grossest character, and omitting all mention of the justification which their writer of course knew to exist, they were thus published in the Journal! We do not say that Dr. Brown himself was aware of all these facts, — his letter, indeed, to Dr. Martin conveys the impression of an outside hand, — but we do say, and deliberately, that the person who "inspired" what he published is a coward; and that the Journal, as of old, is again

affording harborage to a "cut-throat," whoever he may be, or however high his professional standing.

The facts detailed above were enough, it would seem, to justify our complaint. We have not yet sounded, however, the depths of the Journal's villany.

Not satisfied with what they had done, the parties in whose sly hands Dr. Brown was, we think, but the cat's-paw, determined to increase, if possible, the damage they had attempted to inflict upon the representatives of the Gynæcological Society at Washington. A reprint of the bogus report of the Councillors' Meeting was therefore struck off from the Journal types, upon a separate sheet, and, as though it were an official publication of the State Society, it has been sent by mail to its Fellows, and, for aught we know, scattered throughout the country. Every copy of this document was intended to be, and is, an additional stab at those it was sought to injure. Now, by whom was this done? It involved, of course, considerable expense for printing and postage, and it has been done anonymously, — that device of the lowest poltroon.

Was it by Dr. Brown, the editor of the "Medical and Surgical Journal"? Then he has forfeited all claim to support or respect from the profession.

Was it by, or in behalf of, the Faculty of Harvard College, smarting under their recent public disgrace? With all the hardihood that has been displayed by their leading professor, we do not believe that even he would have ventured this.

Was it by the Councillors of the Massachusetts Medical Society? There is evidence in the procedure itself against this supposition.

Was it by their "Standing Committee on Publications," consisting of Drs. G. C. Shattuck (Professor in Harvard University), B. E. Cotting, and Luther Parks

(late editor of the "Boston Medical and Surgical Journal"), sheltering themselves behind "instructions to publish as much," not of the proceedings of the Councillors, but of a report rendered to them upon the Laws of the State regulating the admission of members to the Society, "as might appear to them of general interest"? Then the Committee most unwarrantably exceeded its powers.

Or was it, after all, by that veteran wire-puller, who, forever hankering for the Presidency of the State Society, has long manipulated the Councillors as a boy would tickle trout, and who now, like a circus-rider, endeavors to bestride and control the practitioners of two separate districts? If so, he has driven another nail into his professional coffin, for the facts in this case may yet all appear in court. Meanwhile since, whoever the culprit, he seems to have forgotten the event of a trial, we propose to publish, very shortly, the suppressed evidence in the case of the Massachusetts Medical Society *vs.* Dr. ——, of Boston Highlands, a few years since, with affidavits, if necessary, to show who it was that was at last found to be the real forger and liar, and was saved from the condign punishment that awaited him only through promising the brother practitioner he had sought to destroy, that he would forever cease from his knavish tricks.

We dislike, excessively, to be compelled to confront the profession, month after month, with these unpleasant, these disgusting disclosures. Our readers, however, will recollect that a science, in this instance Gynæcology, like a man, reaches success only by persistent struggle, and if there be intentional opposition, by beating it down. We repeat that our issues are not personal merely, but public, and so of interest to physicians everywhere. We wash no dirty linen; if such appears,

it is through the rents that have been made in our opponents' apparel.

As for the matter to which we have now referred, it will be followed up, so long as may be necessary, by the Committee of the Gynæcological Society appointed for the purpose. Meanwhile, slightly altering the language of Mr. Francis Bret Harte,* we merely call attention to the facts thus far upon record in the case.

> "Which is why we remark,
> And our language is plain,
> That for ways that are dark,
> And for tricks that are vain,
> Drs. So-and-so are peculiar,
> Which the same we are free to maintain."

ONCE STARTED, it is easy to track the cloven hoof. One might have supposed, in view of the facts we have just presented, that our brother editor, had he not been meshed by the evil one, would have seen through the wiles to which he was lending himself, and have been but too glad to present to his readers, since it concerned them all, the protest of the Gynæcological Society that we published last month. It was a statement of the unjust action of the Councillors, and a demand from the Massachusetts Medical Society, for a trial, in due form, as provided for by the by-laws, whereby all the facts in the case would be made to appear. This communication, addressed "To the Fellows of the Massachusetts Medical Society," was sent to Dr. Brown, properly authenticated, by order of the Gynæcological Society, with a courteously worded request for its publication, as an act of justice.

It received a plump refusal, under the false plea that the State Society had taken action concerning the rep-

* Plain Language from Truthful James, Overland Monthly, September, 1870, p. 288.

resentatives of the Gynæcological Society, that by concurrence this had been made final, and that there the matter, save by appeal to the offending Councillors, must end. To this misstatement by Dr. Brown, it was replied by the Secretary of the Gynæcological Society, that as the affair of its representatives had never been brought in any way before the Massachusetts Medical Society, it was evident that this Society could not have taken the action stated by him. The gentleman then answered that his determination was not to be altered. The poor Secretary could accordingly do no more. He can only now appeal for justice to the Fellows of the Massachusetts Medical Society throughout the State, confident that, as in May last, when the time comes again for action, they will decide that "*fiat justitia, ruat cœlum.*" Simpson's, it has long since become understood, was not the only professional life that has been struck at by a "foul blow," here in Massachusetts.

The Councillors, it will have been perceived, have claimed that so far from being but the representatives of the State Society, they are the Society itself; and their tool, dazed by their very impudence, dares to endorse their pretence. Let them reap a common infamy.

The Councillors are endeavoring, as every one expected they would, to avail themselves of what we last month stigmatized as "a cowardly quibble with the word 'deserve.'" "To say men 'deserve censure' is no more formally censuring them," they assert far and wide, "than to say that a person deserves to be hung is an execution." Common usage, however, has decided that the expressions are not parallel. We are informed that the trick, so far as the Councillors are concerned, is a stale one, and that in years past discipline has more than once been attempted to be inflicted by them

in this cowardly manner; the expression being intended to convey, conveying, and being understood to convey, all that it implied. The only difference is that till now no one has dared to face these wolves and drive them back howling, — more than one of them stretched at his feet, lifeless, — like so many curs.

Next, we shall be told that sending the myriad fly-leaves conveying the censure, to the physicians of the State, was no "publication." The law may yet, perhaps, settle this question. What one does by an agent, he does by himself. Every Councillor who by his vote usurped the functions of the Society at large, in violation of its by-laws, has rendered it liable as well as himself, we are informed, both by that act and its publication, to a suit for heavy damages. The aggregate of the forty-nine suits, doubled, for there are two gentlemen who have been injured, would amount to a pretty sum; before which, however brave the College might seem, the individual Fellows of the Society at large might well hesitate at permitting such responsibility to be foisted upon themselves. We do not, hower, anticipate being forced to any such issue. We know pretty well the temper of the profession throughout the State, and that the men whom we lash are not its real representatives. And we know pretty well, too, who have been the real culprits in this matter. As in Æsop's tale, so here; there were rats from the country and rats from the town. The former, comparatively innocent of wrong-doing, may escape through any crevice that they may find. But the latter, fat and glossy and pampered, from all these years' nibbling at the upper-crust, and withal "forgetful," cannot now escape us. Dainty gloves they will yet afford, poor creatures, for the hands of the younger men.

We believe that the State Society will as cordially,

and as fully, do justice in this matter at its next Annual Meeting, as it did last May. We appeal to it, therefore, with confidence.

THE MOST LUDICROUS POINT of all made by Prof. Henry J. Bigelow, when moving that the Councillors obey the vote of the Society instructing them henceforth to refuse unchallenged admission to the medical graduates of Harvard University, was that the "right" so long enjoyed had been granted "for the sake of the Society and not of the College." * Every Fellow knows by this time that it was by the door at last closed that the greater part of the host of irregulars, who have now been disposed of, gained admission into the State Society. The learned professor was not so explicit as the occasion demanded. He should have added that the benefit to the Society lay in that the torpedo, so knavishly placed at its base in 1859, in the hollow dug in 1802, and deepened in 1831, in utter violation of Section 7th of the Act of 1781, and now exploded, has, while shaking the Society to its very centre, so far from destroying it, but awakened it to a quicker life. That the compact was not for the ultimate benefit of the College, events may indeed very likely have proved.

That the "illegal" by-law at last expunged was "left inadvertently upon the books," † and was without the knowledge of the officers of the College all these years, looks very likely, as we shall proceed to show. Prof. B.'s assertion explains, of course, how it has been that even to the present time the Censors of Suffolk District have regularly appended to their advertisements in the College organ, the following bit of bird-lime: "Gradu-

* Boston Medical and Surgical Journal, October 27, 1870, p. 266.
† Ibid., November 10, 1870, p. 312.

ates of Harvard University Medical Department can join the Society without examination, *on exhibition of their diplomas.*"* It will be perceived that in the case of the present year, on June 9th and 16th, this language was publicly used in print, by Drs. Damon, B. J. Jeffries, Sinclair, John Homans, and Curtis, the Suffolk Censors, several weeks after the action of the State Society at its Annual Meeting; just as had been done the previous year by their predecessors, Drs. Lyman, B. J. Jeffries, Damon, and Sinclair, though the subject had already been plainly enough discussed at the Annual Meeting of 1869. These, it will be noticed, are but fresh instances of what we have termed "forgetfulness."

It was also Prof. Bigelow, we are unblushingly told,† who, in moving to strike out the obnoxious by-law at the Councillors' Meeting, coolly stated that it had already been "repealed by the State Act of 1859, and *therefore was invalid and obsolescent* from that time though left inadvertently upon the books."‡ Did the gentleman really dare to do this, in the face of his own history?

That history is as follows. We cite from the published Transactions of the Massachusetts Medical Society.

At the Annual Meeting of the Councillors, on May 24th, 1859, the Recording Secretary read an attested copy of the following Act, then just passed by the Legislature of Massachusetts: §

* The italics are not our own. See Advertising Sheet of Boston Medical and Surgical Journal, for June 10, 1869, etc., and for June 9th and 16th, 1870.

†Ibid., November 10, 1870, p. 312.

‡ Ibid.

§ Medical Communications of the Massachusetts Medical Society, Vol. ix., No. v., 1859, p. 109.

"Commonwealth of Massachusetts, in the year 1859.

"AN ACT IN RELATION TO THE MASSACHUSETTS MEDICAL SOCIETY.

"*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:* —

"SECTION 1. No person shall hereafter become a member of the Massachusetts Medical Society, except upon examination by the Censors of said Society, and any person of good moral character, found to possess the qualifications prescribed by the rules and regulations of said Society, shall be admitted a Fellow of said Society.

"SECTION 2. This Act shall take effect from and after its passage.

"Approved March 5th, 1859."

Upon motion, it was voted by the Councillors to refer the Act to the Society at large for its acceptance.

Whereupon, PROF. HENRY J. BIGELOW, of Boston, for the direct and evident purpose of setting the authority of the State in this matter at naught, "offered the following amendment to the first by-law: —

"Strike out the first twelve lines, and insert the words, '*Any person having been graduated as Doctor of Medicine at Harvard University*, or at the Berkshire Medical Institution,* *shall become a Fellow of the Society without further examination, by the Censors, of his medical attainments.*'" †

* The above clause was appended solely for the purpose of preventing the opposition from the western part of the State, that would else inevitably have ensued. From our position in the Faculty of the Berkshire School, we happen to have learned all about that bargain and sale.

† Medical Communications of the Massachusetts Medical Society, 1859, p. 110.

And then, as if by concert, "on motion of Dr. Metcalf, of Mendon, it was

"*Voted*, 'To reconsider the vote by which the Councillors referred the recent Act of the Legislature to the Society for acceptance.'"

"The vote was then taken on the motion to refer the recent Act to the Society for acceptance, and it was lost by a vote of twenty-eight in the affirmative and twenty-nine in the negative." * That is to say, *the Councillors of the Massachusetts Medical Society, as on so many past occasions, were dragged up to the defence of one of the "rights" of the Medical School of Harvard University, and* DELIBERATELY VOTED TO DISOBEY A LAW OF THE STATE. We are merely stating facts. They speak for themselves.

"Dr. Fiske † then moved,

"'That Dr. H. J. Bigelow's amendment, the report of the committee to whom was referred the communication from the Censors for Suffolk District (regarding another matter), and the recent Act of the Legislature, be referred to a committee of five, to report what action is necessary.'"

All this, be it borne in mind, was at the Annual Meeting of the Councillors, on the evening of May 24, 1859. To escape the appearance of unseemly haste, and to secure the passage of the bill, the meeting was now adjourned till early the next morning, the day of the Annual Meeting of the Society itself. Upon re-assembling at 8.30 A. M., on May 25, there were present, as might have been expected, less than half the number of Councillors of the previous evening.

The motion to refer was unanimously adopted.

* Medical Communications of the Massachusetts Medical Society, p. 110.

† Not the present President of the Massachusetts Medical Society, but a gentleman who has now removed from the State.

"The Chair appointed Drs. *J. Bigelow* (Professor in Harvard University), Gould, Jeffries, *Shattuck* (Professor in Harvard University), and H. J. BIGELOW (Professor in Harvard University)," as the committee upon the latter gentleman's amendment!

And then, to complete the bargain with the Berkshire School, it was

"*Voted*, 'That two Fellows be added to the above committee;' and

"The Chair appointed Drs. H. H. Childs, of Pittsfield (President of the Berkshire Medical College), and J. G. Metcalf, of Mendon."

To this point everything had gone smoothly. The conspirators had dug their mine and laid their train; but it would not do as yet to apply the spark, for Guy Fawkes could not then have possibly escaped all these eleven years without discovery.

They could easily have adjourned for a few minutes, have then received the report of the Harvard Committee, accepted and adopted it, and carried it for final action to the Annual Meeting of the Society itself, which was to be held at ten o'clock of the same forenoon. But here their courage failed them. *They did not dare to do this, for the passage of the Medical Enfranchisement Act by the Legislature, which they had just overridden, was known to the Fellows of the Society at large, and they themselves would at once have been branded for their infamy.*

Therefore it was that the completion of the farce was postponed for a year.

At the next Stated Meeting of the Councillors, in October, 1859, the very first business acted upon, after the election of an Honorary Member, was the report of the Harvard Committee. Word for word, the passage of Dr. HENRY J. BIGELOW'S amendment was recommended by his father, and, "after some discussion," his

report was adopted, and, the preliminary steps having now all been taken, it was

"*Voted*, That the amendment be referred to the Society for final action."

But even now, with their prize almost within their hand, the conspirators again hesitated. They did not dare to trust themselves to the chance of questioning by the honest men of the country districts, and yet the matter to become "(il)legal" must be acted upon in open session of the Society itself. Accordingly, at the Annual Meeting, on May 30, 1860, without giving notice of his reason for so doing, it was moved by the late Dr. John Ware (Professor in Harvard University), and voted, "that, when the meeting adjourn," it should be to the next day,* at which time, of course, nearly all the country members, in ignorance of the deviltry that was going on, would have returned to their homes.

The next forenoon, a handful of the Boston Councillors met together, and, as Fellows of the Society, formally sanctioned their own act of disloyalty to their representatives, to the Legislature of the State, and to the whole profession. Here, for the present, we would gladly drop the curtain.

Was our New York correspondent wrong when he wrote us that he feared "that the strong, telling blows which you deal fall upon the common enemy, and my only fear is that he will be so completely annihilated that there will be no opportunity left for the exercise of Christian charity towards him"?

That little word, "FORGETFULNESS"!

BUT WE SHOULD DO WRONG did we fail to say here one word more. We endeavor to give to each and every one with whom we have to deal, full and impartial justice.

* Medical Communications of the Massachusetts Medical Society, 1860, p. 146.

It was voted, "*nem. con.*," by fifty of the Councillors, here in Boston the other day,* to abrogate a certain "damnable" † by-law, because "it had its origin in an old State law, enacted for the benefit of the Society, not for that of the College; the Medical Faculty of the University never having had any interest in the matter, and some of them scarcely knowing of its existence." ‡ Now, will it be believed that, of the gentlemen passing this vote, whose names we published last month,§ no less than seventeen, or one-third, were present at the Councillors' meeting in May, 1859, when Dr. H. J. BIGELOW first moved to annul the Medical Liberty Act of the Legislature, and no less than fifteen, or nearly one-third, at the meeting of October, of the same year, at which his father recommended that the Councillors join in the rebellion? Those of the first series are Drs. Hunt, of Danvers; Savory, of Lowell; Chapin, of Winchester; Hodgdon, of Arlington; Cotting, of Roxbury; Hitchcock, of Foxborough; Holmes, of Milton; Jarvis, of Dorchester; Munroe, of Medway; and Ayer, H. J. Bigelow, Cabot, Crane, J. B. S. Jackson, Putnam, D. H. Storer, and Shattuck, of Boston; and those of the second, Drs. Hunt, of Danvers; Torrey, of Beverly; Savory, of Lowell; Hodgdon, of Arlington; Cotting, of Roxbury; Holmes, of Milton; Jarvis, of Dorchester; and Ayer, H. J. Bigelow, Cabot, Crane, Hayward, Jackson, Putnam, and Shattuck, of Boston. It will be seen that, of these gentlemen, thirteen were present at both of the meetings referred to, of ten years

* Boston Medical and Surgical Journal, Oct. 27, 1870, p. 286.

† See this Journal, October, 1869, p. 251.

‡ Boston Medical and Surgical Journal, Oct. 27, 1870, p. 266. Had the words above quoted from Dr. H. J. Bigelow not been properly reported, it is fair to presume, under all the circumstances, that they would not have been published, and, if published, that they would ere this have been corrected.

§ This Journal, November, 1870, p. 323.

ago. Not one of them seems to have uttered a word of protest at the Harvard "forgetfulness." Is it possible that, contagious though it be, it had infected them all?

Did we speak without notes, or without reason, when we suggested last month the abolishment of the Board of Councillors? We believe that the time has arrived for the re-organization of the Massachusetts Medical Society. There are earnest and honorable men among the Fellows who desire to cleanse it from the deep-spread rottenness, but portions of which we have as yet disclosed. And there can be no doubt whatever that the Legislature of the State, whose authority has been so openly defied, for so stands the record,* will cordially give its assent to the measure that we have proposed.

"Local issues," do the Boston men endeavor to represent the disclosures that we have made?

They have dared to say that the late action of the American Medical Association, in compelling them to wheel into line with those whom they had betrayed, and to keep step again to the music of the Union, — for it was this only that was done, and it was not "in effect imposing conditions upon the rights of the Society," — "was ill considered and unwarranted." † They have advised that no delegates be sent to the next Annual Meeting of the Association, and they have recommended the appointment of a Committee to make a formal representation to the Association at that meeting, with a view to procure a reconsideration of its action.

Brave men, gentlemen will be who visit San Francisco upon any such errand. Local Councillors may be

* Think of the Councillors having had the effrontery, when deciding to disregard the Act of 1859, to vote, "That the Committee just appointed (in the interests of Harvard University), be instructed to look after the interests of the Society in the Legislature, and that they be authorized to take such measures to protect those interests as they may deem expedient."—Medical Communications of the Massachusetts Medical Society, 1859, p. 112.

† Boston Medical and Surgical Journal, Oct. 27, 1870, p. 266.

bought or muzzled. Not so the Profession, or its Press.

WE HAVE ASKED one or two very disagreeable questions. It was necessary, however, to do so. For the same reason we are compelled to put one more.

Just as these pages go to the printer, there has appeared from the University Medical Press,* the statement that, "in answer to numerous inquiries, we (the editors) are requested to state that, *at present*, no one can enter the Massachusetts Medical Society without examination." † Now what do these two little words, "at present," mean? Is it that any one has forgotten, in advance, the reforms of the last few months, and has thus expressed his desire, however hopeless, for a restoration of the old regime? Or is it that the Councillors have determined to attempt at the next Annual Meeting of the Society, a coup d'etat that will throw all their previous exploits into the shade? Or is it that the old Committee of 1859, as yet apparently undischarged, that was appointed by the Councillors "to look after the interests of the Society (or Harvard College) in the Legislature, authorized," as they were, "to take such measures to protect those interests as they may deem expedient," are to lobby the present winter for an Act to annul the Act of 1859? All of these suppositions are possible; the last is by no means an improbable one.

The fact that there is a Massachusetts Medical Society, at large, may be forgotten; but it will not be safe to forget that there is an American Medical Association.

* That one of the editors of the Journal referred to is an officer of the Harvard Medical School renders the title we have given it not inappropriate. The late Mr. Welch, of Cambridge, had not one-half as much right to the official trade-mark.

† Boston Medical and Surgical Journal, November 24, 1870, p. 351.